



Michigan Department of Environmental Quality – Office of Waste Management and Radiological Protection
HAZARDOUS WASTE MANAGEMENT CERTIFICATE OF INSURANCE
FOR CLOSURE OR POSTCLOSURE CARE

The certificate of insurance for closure or postclosure care required under R 299.9708 of the Michigan Administrative Code must be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted. Submit original documents to the Hazardous Waste Section, Office of Waste Management and Radiological Protection, Department of Environmental Quality, P.O. Box 30241, Lansing, Michigan 48909-7741.

Name and Address of Insurer (herein called the "Insurer"): Great American Insurance Company
 301 E. 4th Street
 Cincinnati, Ohio 45202

Name and Address of Insured (herein called the "Insured"): US Ecology, Inc.
 101 S. Capitol Blvd., Suite 1000, Boise, ID 83702

Facilities covered: Michigan Disposal, Inc.,
 49350 North I-94 Service Drive
 Belleville, MI 48111
 EPA ID No.: MID000724831
 Closure: \$536,567.57 (RCRA)

Face amount: \$553,067.57

Policy number: CPC E240580 01

Effective date: December 19, 2018

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for closure for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of R 299.9708 of the Michigan Administrative Code as such rule was constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with the rule is hereby amended to eliminate such inconsistency.

The Insurer further certifies all of the following:

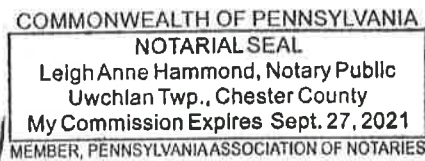
1. The Insurer is licensed to transact the business of insurance, or is eligible to provide insurance as an excess or surplus lines insurer, in the state of Michigan.
2. The Insurer has a minimum of \$7,000,000 of unimpaired surplus funds.
3. The Insurer assumes financial responsibility for the accepted risk, pursuant to the terms of the policy, using its own pool of resources that is independent, separate, and unrelated to that of the Insured.

A duplicate original of the policy listed above, including all endorsements thereon, is being submitted along with this certificate to the Michigan Department of Environmental Quality.

I hereby certify that the wording of this certificate is identical to the wording specified by the Michigan Department of Environmental Quality; as such certificate was specified on the date shown immediately below.

 Mark Vuono
 Divisional President

Signature of witness or notary: Leigh Anne Hammond
 Date: 12/20/18





397 Eagleview Blvd., Suite 100
Exton, PA 19341
888.828.4320 ph

Environmental Division

INSURANCE CERTIFICATE FOR CLOSURE OR POST-CLOSURE CARE

Required by Section 11523(1), Part 115, Solid Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), being Section 324.11523 of the Michigan Compiled Laws Annotated. An operating license shall not be issued unless financial assurance has been filed as a part of an application for a license.

Attach to Insurance Policy

The insurance certificate for closure and post-closure care must be worded as follows and information inserted as requested:

Insurer's Name (herein called the "Insurer"): Great American Insurance Company
Address: 301 E. 4th Street
City/State/Zip Code: Cincinnati, OH 45202

Insured's Name (herein called the "Insured"): US Ecology Inc.
Address: 101 S. Capitol Blvd., Suite 1000
City/State/Zip Code: Boise, ID 83702

Facilities Covered: Michigan Disposal, Inc.,
49350 North I-94 Service Drive
Belleville, MI 48111
EPA ID No.: MID000724831
Closure: \$16,500.00 (Solid Waste)

Face Amount: \$553,067.57

Policy Number: CPC E240580 01

Effective Date: December 19, 2018

Check Appropriate Box

The Insurer hereby certifies that it has issued to the Insured, the policy of insurance identified above, to provide financial assurance for: "Closure" or "Post-Closure Care" or "Closure and Post-Closure Care" for the facilities identified on the Attachment.

The Insurer further warrants that such policy conforms in all respects with the requirements of Part 115 of NREPA and 40 CFR 258.74(d). It is agreed that any provision of the policy inconsistent with Part 115 of NREPA and/or 40 CFR 258.74(d), is hereby amended to eliminate such inconsistency.

The Insurer also commits to the following:

Guarantee of Funds:

Funds necessary to meet the costs of closure and/or post-closure care will be available whenever they are needed. Funds will be available to close the solid waste facility whenever final closure occurs or to provide post-closure care for the solid waste facility whenever the post-closure care period begins, whichever is applicable.

Payout:

Once closure begins, the Insurer will be responsible for paying out funds to the owner or operator or other person(s) authorized to conduct closure or post-closure care up to an amount equal to the face amount of the policy.

Assignment of Policy:

The Insurer will allow assignment to a successor owner or operator. Assignment may be conditional upon consent of the Insurer provided such consent is not unreasonably refused.

Automatic Renewal:

The insurer will provide the owner or operator with the option of renewal at the face amount of the policy.

Non-Cancellation:

The insurer may not cancel, terminate or fail to renew the policy except for failure of the owner or operator to pay the premium.

The Insurer further certifies that it is licensed to transact the business of insurance, or is eligible to provide insurance, as an excess or surplus lines insurer in one or more states and has both of the following:

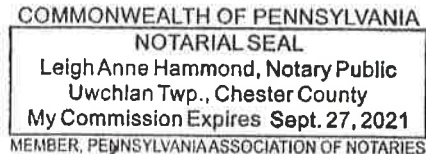
1. A certificate of authority from the Michigan Commissioner of Insurance to sell this line of coverage or be a domestic insurer.
2. A minimum of \$5,000,000.00 of unimpaired surplus funds.

A duplicate original of the insurance policy, including all endorsements thereon, is being submitted along with a certificate of insurance to the Director of the Department of Environmental Quality.

Authorized signature for Insurer: _____

Name of person signing: Mark Vuono

Title of person signing: Divisional President



Signature of Witness or Notary: Leigh Anne Hammond

Date: 12/20/18

**Michigan Department of Environmental Quality
Waste Management and Radiological Protection Division/Solid Waste
PO Box 30241
Lansing, MI 48909-7741**



Environmental Division

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CERTIFICATE OF INSURANCE FOR CLOSURE COSTS

INSURER: Great American Insurance Company
301 E. 4th Street
Cincinnati, Ohio 45202

INSURED: US Ecology, Inc.
101 S. Capitol Blvd., Suite 1000, Boise, ID 83702

FACILITIES COVERED: Michigan Disposal Inc.
49350 North I-94 Service Drive
Belleville, MI 48111

EPA IDENTIFICATION NUMBER: MID000724831

CLOSURE LIMIT: \$30,461.49

FACE AMOUNT: \$30,461.49

POLICY NUMBER: CPC E240581 01

EFFECTIVE DATE: December 19, 2018

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for Closure Costs for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements 40 CFR 264.143(e), 264.145(e), 265.143(d) and 265.145(d), as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Regional Administrator of the Environmental Protection Agency, the Insurer agrees to furnish to the Regional Administrator a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in 40 CFR 264.151(c) as such regulations were constituted on the date shown immediately below.

BY: [Signature] DATE: 12/20/18

NAME: Mark Vuono
TITLE: Divisional President

Witness: Leigh Anne Hammond

Date 12/20/18

