



**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. 4<sup>th</sup> Street  
 Cincinnati, OH 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: \$874,343.00 (RCRA)

Face amount: \$890,843.00

Policy number: CPC E240580 02

Effective date: December 19, 2019

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.

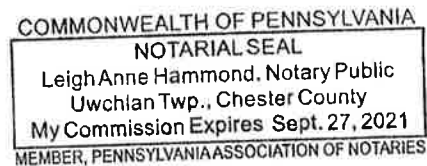
The Insurer further certifies all of the following:


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.

  
 Rick Ringenwald  
 Divisional Vice President/Executive Underwriter



Signature of witness or notary:   
 Date: 12/11/19



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. 4<sup>th</sup> 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: \$890,843.00

Policy Number: CPC E240580 02

Effective Date: December 19, 2019

**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.

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**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: Rick Ringenwald

Title of person signing: Divisional Vice President

Signature of Witness or Notary: \_\_\_\_\_

Date: \_\_\_\_\_

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

