



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: EPA NO: MID048090633
 Wayne Disposal, Inc., 49350 North I-94 Service Drive, Belleville, MI 48111
 Closure: \$18,345,006.14
 Post-Closure: \$12,162,710.14

Face amount: \$30,507,716.28

Policy number: CPC 3273566 05
 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 and postclosure care 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.

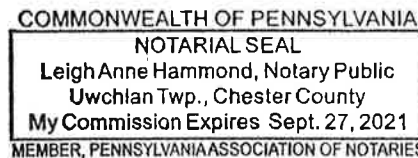
The Insurer further certifies all of the following:

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 Ringerwald
 Divisional Vice President



Signature of witness or notary: 

12/11/19
 Date