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October 10, 2001

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Mr. Stuart Dinwiddie
New Mexico Environmental Department
Hazardous and Radioactive Waste Bureau
1190 St. Francis Drive
Santa Fe, New Mexico 87503

RE: Liability Insurance
Safety-Kleen Systems, Inc.
New Mexico Facilities

Dear Mr. Dinwiddie:

Please find enclosed an original Hazardous Waste Facility Certificate of Liability for the Safety-Kleen facilities located in New Mexico. This Certificate, effective October 15, 2001, is issued by Greenwich Insurance Company under policy number PEC0007099.

If you have any questions regarding the above information, please give me a call at (803) 933-4515.

Sincerely,

Debbie Sease

Debbie Sease
Corporate Compliance Administrator

/ds

Enclosure



HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Greenwich Insurance Company, (the "Insurer"), of One Greenwich Plaza, Greenwich, CT 06836-2568 hereby certifies that it has issued liability insurance covering bodily injury and property damage to Safety-Kleen Systems, Inc., (the "insured"), of 1301 Gervais Street, Suite 300, Columbia, SC 29201 in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.17 or 265.147. The coverage applies at:

(SEE ATTACHED LIST) (NEW MEXICO)

for sudden accidental occurrences. The limits of liability are \$2 million per each occurrence with an annual aggregate of \$2million, exclusive of legal defense costs. The coverage is provided under policy number PEC0007099, issued on October 15, 2001. The effective date of said policy is October 15, 2001.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligation under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by the Secretary of the New Mexico Environment Department, the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer, the insured, a parent corporation providing insurance coverage of its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste management facility, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Secretary of the New Mexico Environment Department.
 - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of written notice is received by the Secretary of the New Mexico Environment Department.

I hereby certify that the wording of this instrument is, identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer in one or more States.



Joseph S. Catanese, Assistant Vice President
Environmental Facilities
Greenwich Insurance Company
One Greenwich Plaza
Greenwich, CT 06836-2568

SAFETY-KLEEN

STATE OF NEW MEXICO

Safety-Kleen Systems, Inc.
2720 Girard, NE
Albuquerque, NM 87107

(7-008-01)

NMD000804294

Safety-Kleen Systems, Inc.
4200A Hawkins Road
Farmington, NM 87401

(7-008-21)

NMD980698849

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
ATL-000383385-01

PRODUCER
Marsh
Two Liberty Square
75 Beattie Place
Suite 300
Greenville, SC: 29601-2164
Attn: Abi Potter

ENTERED



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A AMERICAN HOME ASSURANCE CO
- COMPANY
B NATIONAL UNION FIRE INSURANCE COMPANY
- COMPANY
C INSURANCE CO STATE OF PA
- COMPANY
D GREENWICH INSURANCE COMPANY

INSURED
SAFETY-KLEEN SYSTEMS, INC.
AND ITS SUBSIDIARY AND AFFILIATED COMPANIES
P.O. BOX 11393
COLUMBIA, SC 29211

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. **0**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> \$500,000 SIR	1737814	09/01/01	09/01/02	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 50,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	5273498 - All Other States 5273500 -TX 5273501- MA, VA	09/01/01 09/01/01 09/01/01	09/01/02 09/01/02 09/01/02	COMBINED SINGLE LIMIT \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BE8713603	09/01/01	09/01/02	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 *N/A TO INSURER "D" \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	1663520 - All Other States 1663540 - CA 1663546 - WI	09/01/01 09/01/01 09/01/01	09/01/02 09/01/02 09/01/02	WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EACH EMPLOYEE \$ 1,000,000
D	CONSULTANTS ENVIR LIAB	PEC0009894	09/01/01	09/01/02	EACH LOSS 5,000,000 AGGREGATE 10,000,000 EACH LOSS 10,000,000
D	POLLUTION LEGAL LIAB	PEC0007099	10/15/00	11/17/02	AGGREGATE 10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

CERTIFICATE HOLDER

New Mexico Environmental Dept.
Hazardous & Radioactive Waste Bureau
Attn: Mr. Stuart Dinwiddie
1190 St. Francis
Santa Fe, NM: 87503

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.

BY:

MM1(9/99)

VALID AS OF: 08/25/01