

CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

Name and Address of Insurer (herein called the "Insurer"):

Indian Harbor Insurance Company
Seaview House, 70 Seaview Avenue
Stamford, CT 06902-6040

Name and Address of Insured (herein called the "Insured"):

Safety-Kleen Systems, Inc.
5400 Legacy Drive
Cluster II, Building 3
Plano, TX 75024

Facilities covered:

Albuquerque 7-008-01	2720 Girard NE Albuquerque, NM 87107	NMD000804294	Closure: \$86,426
Farmington 7-008-21	4210A Hawkins Road Farmington, NM 87401	NMD980698849	\$86,952
TOTAL:			<u>\$173,378</u>
Face Amount:	\$173,378		
Policy Number:	PEC000659405		
Effective Date:	01/25/07		

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 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 Secretary of the New Mexico Environmental Department, the Insurer agrees to furnish to the New Mexico Environmental Department 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(e) as such regulations were constituted on the date shown immediately below.



(Authorized signature for Insurer)

Mark Vuono
(Name of person signing)

Assistant Vice President
(Title of person signing)

Tina Merendecy
(Signature of witness or notary)

1/24/07
(Date)

SEAL

