



Clean Harbors  
221 Sutton Street  
North Andover, MA 01845  
978-683-1002  
800.282.0058  
www.cleanharbors.com



**VIA FEDERAL EXPRESS TRK #78514045620**

February 24, 2017

Mr. John E. Kieling, Chief  
New Mexico Environment Department  
Hazardous Waste Bureau  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, New Mexico 87505-6313

**RE: Hazardous Waste Facility Certificate of Liability Insurance**  
Safety-Kleen Systems, Inc.

Dear Mr. Kieling:

Enclosed is an original signed Hazardous Waste Facility Certificate of Liability Insurance, issued by Indian Harbor Insurance Company under policy number PEC004203903, for the Safety-Kleen facilities located in Albuquerque and Farmington New Mexico. The policy period is November 1, 2016 – November 1, 2017. The original insurance certificate for the January 25, 2017 Financial Assurance Annual Inflation Increases was previously submitted to Mr. Amindyas of your department, and a copy is enclosed.

If you have any questions or require any additional information regarding this submittal please contact me at 219-746-5050 or at [Harvey.Pamela@cleanharbors.com](mailto:Harvey.Pamela@cleanharbors.com).

Sincerely,

Pamela K. Harvey  
EHS Manager  
Clean Harbors, Inc.  
Safety-Kleen Systems, Inc., a Clean Harbors Company

Enclosures

CC: Cornelius Amindyas, Environmental Specialist  
New Mexico Environment Department  
Hazardous Waste Bureau  
121 Tijeras Avenue NE, Suite 1000  
Albuquerque, NM 87102-3400

**VIA FEDERAL EXPRESS TRK #778573961810**

*"People and Technology Creating a Safer, Cleaner Environment"*

## HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Indian Harbor Insurance Company, the Insurer of Seaview House, 70 Seaview Avenue, Stamford, CT 06902-6040, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Safety-Kleen Systems, Inc., the Insured, of 42 Longwater Drive, Norwell, MA 02061 in connection with the Insured's obligation to demonstrate financial responsibility under the New Mexico Hazardous Waste Management Regulations, Section 20.40.1.500. The coverage applies at EPA ID# , SEE ATTACHED LIST for sudden accidental occurrences. If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both. The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number PEC004203903 issued on November 1, 2016. The effective date of said policy is November 1, 2016.
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 obligations 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 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 the New Mexico Hazardous Waste Management Regulations, Section 20.40.1.500.
  - (c) Whenever requested by 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 or the Insured, will be effective only upon written notice and only after the expiration of sixty (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 such 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 the New Mexico Waste Management Regulations, 20.40.1.500, incorporating by reference 40 CFR 265.151(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.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

Date: 2/23/17

Anthony Gentile, Vice President

Authorized Representative of Indian Harbor Insurance Company

c/o XL Catlin  
505 Eagleview Boulevard  
Suite 100  
Exton, PA 19341-0636

**SAFETY-KLEEN SYSTEMS, INC. LOCATIONS**

**STATE OF NEW MEXICO**

**2720 Girard NE  
Albuquerque, NM 87107**

**NMD 000804294**

**4210A Hawkins Road  
Farmington, NM 87401**

**NMD 980698849**

**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.  
2600 North Central Expressway  
Suite 400  
Richardson, TX 75080

Facilities covered:


Albuquerque 7-008-01	2720 Girard NE Albuquerque, NM 87107	NMD000804294	Closure: \$103,432
Farmington 7-008-21	4210A Hawkins Road Farmington, NM 87401	NMD980698849	\$104,061
TOTAL:			<u>\$207,493</u>

Face Amount: \$207,493  
Policy Number: PEC000659415  
Effective Date: January 19,2017

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.

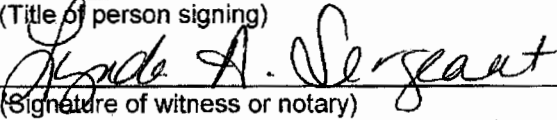
Whenever requested by the Secretary of the New Mexico Environmental Department, the Insurer agrees to furnish to the New Mexico Environmental Department a duplicate original of the policy listed above, including all endorsements thereon.

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)

Mary Ann Susavidge  
\_\_\_\_\_  
(Name of person signing)

Vice President  
\_\_\_\_\_  
(Title of person signing)

  
\_\_\_\_\_  
(Signature of witness or notary)

1-18-17  
\_\_\_\_\_  
(Date)

SEAL

