



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phelan Insurance Agency, Inc. 863 East Main Street PO Box 1 Versailles OH 45380	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Lorri A Wilson</td> </tr> <tr> <td>PHONE (A/C, No., Ext): 937-526-3111</td> <td>FAX (A/C, No): 937-526-7004</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: lorri_wilson@phelanins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Westchester Surplus Lines Insurance</td> <td style="text-align: right;">NAIC # 10172</td> </tr> <tr> <td>INSURER B: Ace Property & Casualty Insurance C</td> <td style="text-align: right;">20699</td> </tr> <tr> <td>INSURER C: COLONY INS CO</td> <td style="text-align: right;">39993</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Lorri A Wilson		PHONE (A/C, No., Ext): 937-526-3111	FAX (A/C, No): 937-526-7004	E-MAIL ADDRESS: lorri_wilson@phelanins.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Westchester Surplus Lines Insurance	NAIC # 10172	INSURER B: Ace Property & Casualty Insurance C	20699	INSURER C: COLONY INS CO	39993	INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Lorri A Wilson																					
PHONE (A/C, No., Ext): 937-526-3111	FAX (A/C, No): 937-526-7004																				
E-MAIL ADDRESS: lorri_wilson@phelanins.com																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Westchester Surplus Lines Insurance	NAIC # 10172																				
INSURER B: Ace Property & Casualty Insurance C	20699																				
INSURER C: COLONY INS CO	39993																				
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Allied Environmental Services, Inc. 585 Liberty Commons Parkway Lima OH 45804																					

COVERAGES **CERTIFICATE NUMBER: 548889088** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		G27545026 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$		
EACH OCCURRENCE	\$1,000,000																						
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000																						
MED EXP (Any one person)	\$10,000																						
PERSONAL & ADV INJURY	\$1,000,000																						
GENERAL AGGREGATE	\$2,000,000																						
PRODUCTS - COMP/OP AGG	\$2,000,000																						
	\$																						
B	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	Y		H08458534 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$						
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																						
BODILY INJURY (Per person)	\$																						
BODILY INJURY (Per accident)	\$																						
PROPERTY DAMAGE (Per accident)	\$																						
	\$																						
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y		EXO302909	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$10,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$10,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000		\$										
EACH OCCURRENCE	\$10,000,000																						
AGGREGATE	\$10,000,000																						
	\$																						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	G27545026 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;">WC STATUTORY LIMITS</td> <td style="width: 5%;">OTHER</td> <td style="width: 80%;">OH Stop Gap</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td colspan="2"></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td colspan="2"></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td colspan="2"></td><td style="text-align: right;">\$1,000,000</td></tr> </table>		WC STATUTORY LIMITS	OTHER	OH Stop Gap	E.L. EACH ACCIDENT			\$1,000,000	E.L. DISEASE - EA EMPLOYEE			\$1,000,000	E.L. DISEASE - POLICY LIMIT			\$1,000,000
	WC STATUTORY LIMITS	OTHER	OH Stop Gap																				
E.L. EACH ACCIDENT			\$1,000,000																				
E.L. DISEASE - EA EMPLOYEE			\$1,000,000																				
E.L. DISEASE - POLICY LIMIT			\$1,000,000																				
A	Contractors Pollution Liability			G27545026 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Limit per Loss</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>Deductible per Loss</td> <td style="text-align: right;">\$5,000</td> </tr> </table>	Limit per Loss	\$1,000,000	Deductible per Loss	\$5,000												
Limit per Loss	\$1,000,000																						
Deductible per Loss	\$5,000																						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Professional Liability Policy # G27545026 004 Effective 01/01/2018 to 01/01/2019 Limit per Loss: \$1,000,000; Deductible per loss: \$5,000
 Umbrella Policy #EXO302909 Effective 01/01/2018 to 01/01/2019 responds over the General Liability, Auto Liability, Professional Liability and Pollution Liability

CERTIFICATE HOLDER To Whom It May Concern - - - -	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phelan Insurance Agency, Inc. 863 East Main Street PO Box 1 Versailles OH 45380	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Lorri A Wilson</td> </tr> <tr> <td>PHONE (A/C, No., Ext): 937-526-3111</td> <td>FAX (A/C, No): 937-526-7004</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: lorri_wilson@phelanins.com</td> </tr> </table>	CONTACT NAME: Lorri A Wilson		PHONE (A/C, No., Ext): 937-526-3111	FAX (A/C, No): 937-526-7004	E-MAIL ADDRESS: lorri_wilson@phelanins.com									
CONTACT NAME: Lorri A Wilson															
PHONE (A/C, No., Ext): 937-526-3111	FAX (A/C, No): 937-526-7004														
E-MAIL ADDRESS: lorri_wilson@phelanins.com															
INSURED 6659 Allied Environmental Services of NY LLC 19 Ransier Drive Suite C West Seneca NY 14224	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Westchester Surplus Lines Insurance</td> <td>10172</td> </tr> <tr> <td>INSURER B :New York State Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C :Ace Property & Casualty Insurance C</td> <td>20699</td> </tr> <tr> <td>INSURER D :COLONY INS CO</td> <td>39993</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Westchester Surplus Lines Insurance	10172	INSURER B :New York State Insurance Fund		INSURER C :Ace Property & Casualty Insurance C	20699	INSURER D :COLONY INS CO	39993	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A :Westchester Surplus Lines Insurance	10172														
INSURER B :New York State Insurance Fund															
INSURER C :Ace Property & Casualty Insurance C	20699														
INSURER D :COLONY INS CO	39993														
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 299973504** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			G27545026 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000																				
MED EXP (Any one person)	\$5,000																				
PERSONAL & ADV INJURY	\$1,000,000																				
GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMP/OP AGG	\$2,000,000																				
	\$																				
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA9948 0306			H09458534 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			EXO302909	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$10,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000		\$								
EACH OCCURRENCE	\$10,000,000																				
AGGREGATE	\$10,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	B2389341-5	5/17/2018	5/17/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE - EA EMPLOYEE		\$1,000,000	E.L. DISEASE - POLICY LIMIT		\$1,000,000		
<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT		\$1,000,000																			
E.L. DISEASE - EA EMPLOYEE		\$1,000,000																			
E.L. DISEASE - POLICY LIMIT		\$1,000,000																			
A	Contractors Pollution Liability			G27545026 004	1/1/2018	1/1/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Per Occurrence</td><td>\$1,000,000</td></tr> <tr><td>General Aggregate</td><td>\$1,000,000</td></tr> </table>	Per Occurrence	\$1,000,000	General Aggregate	\$1,000,000										
Per Occurrence	\$1,000,000																				
General Aggregate	\$1,000,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Professional liability G27545026 0043; Effective 01/01/2018-01/01/2019 \$1,000,000 per occurrence; \$1,000,000 general aggregate limit; \$5,000 Deductible applies per loss. Umbrella Policy #EXO302909 Effective 01/01/2018 to 01/01/2019 responds over the General Liability, Auto Liability, Professional Liability and Pollution Liability

CERTIFICATE HOLDER

To Whom It May Concern
 -
 -
 -
 -
 -
 -
 -
 -
 -
 -

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE