



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/28/2023

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED FCC Environmental Services, LLC 460 Wildwood Forest Drive, Suite 100N The Woodlands TX 77380 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Crum & Forster Specialty Insurance Co.	44520
	INSURER B: Everest Premier Insurance Company	16045
	INSURER C: Everest National Insurance Co	10120
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570103261219 **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.

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown as requested	
A	X	COMMERCIAL GENERAL LIABILITY				EPK142284	12/31/2022	12/31/2023	LIMITS	
		CLAIMS-MADE	X OCCUR						EACH OCCURRENCE	\$1,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
									MED EXP (Any one person)	\$25,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000
		POLICY	X PROJECT	X LOC					GENERAL AGGREGATE	\$2,000,000
		OTHER:							PRODUCTS - COMP/OP AGG	\$2,000,000
C		AUTOMOBILE LIABILITY				RM5CA00068-221 Inc Hired Auto Phys Damag	12/31/2022	12/31/2023	LIMITS	
	X	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per person)	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		X	Coll Ded: \$1,000	X	Comp. Ded: \$100				PROPERTY DAMAGE (Per accident)	
A		UMBRELLA LIAB		X	OCCUR	EFX121955	12/31/2022	12/31/2023	LIMITS	
	X	EXCESS LIAB			CLAIMS-MADE				EACH OCCURRENCE	\$5,000,000
		DED	RETENTION						AGGREGATE	\$5,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				RMSWC00097221	12/31/2022	12/31/2023	LIMITS	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)		Y/N	N/A				X PER STATUTE	OTHER
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$1,000,000
									E.L. DISEASE-EA EMPLOYEE	\$1,000,000
									E.L. DISEASE-POLICY LIMIT	\$1,000,000

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

RE: Draft Residential Solid Waste Services Agreement. City of St. Paul, including its elected and appointed officials, employees and agents are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability, Automobile Liability and Umbrella Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of City of St. Paul, including its elected and appointed officials, employees and agents in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability and Workers' Compensation policies.

CERTIFICATE HOLDER	CANCELLATION
City of St. Paul 15 Kellogg Blvd. West Saint Paul MN 55102 USA	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 <i>Aon Risk Services Northeast, Inc.</i>





ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED FCC Environmental Services, LLC	
POLICY NUMBER See Certificate Numbe 570103261219			
CARRIER See Certificate Numbe 570103261219	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Information

Excess Auto Liability Coverage Details:
 Gemini Insurance Company
 Policy No. GVE100304901
 Limits: \$3,000,000 xs \$5,000,000
 Term: 12/31/2022-12/31/2023

Westfield Specialty Insurance Co.
 Policy No. XSL00001TN01
 Limits: \$2,000,000 xs \$8,000,000
 Term: 12/31/2022-12/31/2023

Excess Liability Policy
 Crum & Forster Specialty Insurance Company
 Policy No. EFX121956
 Limits \$5,000,000 XS \$5,000,000
 12/31/2022-12/31/2023

Named Insureds:

- FCC Environmental Services, LLC
- Fomento de Construcciones y Contratas
- FCC Environmental Services Florida, LLC
- FCC Environmental Services Nebraska, LLC
- FCC Environmental Services Texas, LLC
- Premier Waste Services, LLC
- Houston Waste Solutions

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION- ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART
ERRORS AND OMISSIONS LIABILITY COVERAGE PART
THIRD PARTY POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) or Organization(s)
Blanket when specifically required in a written contract with the named insured.

SECTION III – WHO IS AN INSURED within the Common Provisions is amended to include as an additional insured the person(s) or organization(s) indicated in the Schedule shown above, but solely with respect to “claims” caused in whole or in part, by your ongoing operations performed for that insured by you, or by those acting on your behalf.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.