

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/23/09

PRODUCER LIC #0B29370 1-925-244-7700  
Edgewood Partners Insurance Centers (EPIC)  
[Orange Branch]  
P.O. Box 5003

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

San Ramon, CA 94583  
Epiccerts@edgewoodins.com

### INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
General Environmental Management, Inc.

INSURER A: ILLINOIS UNION INS CO

27960

INSURER B: ACE AMER INS CO

22667

INSURER C: COMMERCE & INDUSTRY INS CO

19410

INSURER D: FIREMANS FUND INS CO

21873

3191 Temple Avenue, Suite #250

INSURER E: AMERICAN INTL SPECIALTY LINES INS CO

26883

Pomona, CA 91768

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE   | POLICY NUMBER               | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |               |
|----------------------|---|-----------------------------|----------------------------------|-----------------------------------|---|---------------|
| A                    | GENERAL LIABILITY   | ECPG24879276                | 03/01/09                         | 03/01/10                          | EACH OCCURRENCE   | \$ 1,000,000  |
|                      | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                             |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)               | \$ 100,000    |
|                      | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |                             |                                  |                                   | MED EXP (Any one person)                                | \$ 10,000     |
|                      | <input checked="" type="checkbox"/> Contractors Pollution   |                             |                                  |                                   | PERSONAL & ADV INJURY                                   | \$ 1,000,000  |
|                      | GEN'L AGGREGATE LIMIT APPLIES PER:  |                             |                                  |                                   | GENERAL AGGREGATE                                       | \$ 2,000,000  |
|                      | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                             |                                  |                                   | PRODUCTS - COMP/OP AGG                                  | \$ 2,000,000  |
| B                    | AUTOMOBILE LIABILITY  | PMU-H08519845               | 03/01/09                         | 03/01/10                          | COMBINED SINGLE LIMIT (Ea accident)                     | \$ 1,000,000  |
|                      | <input checked="" type="checkbox"/> ANY AUTO  |                             |                                  |                                   | BODILY INJURY (Per person)                              | \$            |
|                      | <input type="checkbox"/> ALL OWNED AUTOS  |                             |                                  |                                   | BODILY INJURY (Per accident)                            | \$            |
|                      | <input type="checkbox"/> SCHEDULED AUTOS  |                             |                                  |                                   | PROPERTY DAMAGE (Per accident)                          | \$            |
|                      | <input checked="" type="checkbox"/> HIRED AUTOS   |                             |                                  |                                   | AUTO ONLY - EA ACCIDENT                                 | \$            |
|                      | <input checked="" type="checkbox"/> NON-OWNED AUTOS   |                             |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC                            | \$            |
|                      | <input checked="" type="checkbox"/> MCS-90 Applies  |                             |                                  |                                   | AGG   | \$            |
|                      | <input checked="" type="checkbox"/> DED: \$1K Comp/Coll   |                             |                                  |                                   |   |               |
| A                    | EXCESS/UMBRELLA LIABILITY   | XOOG24879318-Following Form | 03/01/09                         | 03/01/10                          | EACH OCCURRENCE   | \$ 20,000,000 |
|                      | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |                             |                                  |                                   | AGGREGATE   | \$ 20,000,000 |
|                      | <input type="checkbox"/> DEDUCTIBLE   |                             |                                  |                                   |   | \$            |
|                      | <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                             |                                  |                                   |   | \$            |
| C                    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | WC5385488 (AOS)             | 11/06/08                         | 11/06/09                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER        |
|                      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC5385489 (CA)              | 11/06/08                         | 11/06/09                          | E.L. EACH ACCIDENT                                      | \$ 1,000,000  |
|                      |   |                             |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                              | \$ 1,000,000  |
|                      |   |                             |                                  |                                   | E.L. DISEASE - POLICY LIMIT                             | \$ 1,000,000  |
| D                    | OTHER Motor Truck Cargo   | MXI93004669                 | 02/15/09                         | 02/15/10                          | DED: \$1K   | LIMIT: 300K   |
| E                    | Pollution Legal Liability   | PLS1440868                  | 02/15/09                         | 02/15/10                          | \$4M/Claim/\$4M Agg                                     | 5MPolAgg      |
| B                    | HAPD  | PMU-H08519845               | 03/01/09                         | 03/01/10                          | \$1K Comp/Coll  | 100KMaxLmt    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

### CERTIFICATE HOLDER

### CANCELLATION Ten Day Notice for Non-Payment of Premium

Evidence of Coverage

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

AUTHORIZED REPRESENTATIVE



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
03/23/09

NAME OF INSURED: General Environmental Management, Inc.

Additional Description of Operations/Remarks from Page 1:

Additional Information:

WORKERS' COMPENSATION COVERAGE DOES NOT APPLY IN MONOPOLISTIC STATES

GENERAL LIABILITY: Includes Transportation Coverage - Sudden & Non-Sudden Accidental Pollution

AUTOMOBILE LIABILITY: Includes Sudden Accidental Pollution

UMBRELLA LIABILITY: Following Form