

HAZARDOUS WASTE MANAGEMENT CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

The certificate of insurance for closure or post-closure care must be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted. Submit original documents to the Hazardous Waste and Radiological Protection Section, Waste and Hazardous Materials Division, Department of Environmental Quality, PO Box 30241, Lansing, Michigan 48909-7741.

Certificate of Insurance for Closure or Post-Closure Care

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

American International Specialty Lines Insurance Company
70 Pine Street
New York, New York 10270

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

EQ Holding Company
36255 Michigan Avenue
Wayne, MI 48184

Facilities covered:

Wayne Disposal Inc.
Site #2 (Master Cells V, VI and VII)
49350 North I-94 Service Drive
Belleville, MI 48111
MID 048 090 633
Closure Amount: \$7,391,961
Post Closure Amount: \$6,278,074

Michigan Disposal Waste Treatment Plant
49350 North I-94 Service Drive
Belleville, MI 48111
MID 000 724 831
Closure Amount: \$1,178,228

EQ Resource Recovery Inc.
36345 Van Born Road
Romulus, MI 48174
MID 060 975 844
Closure Amount: \$435,691

Face amount: \$15,283,955

Policy number: EPP 8089594

Effective date: September 30, 2008

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for closure and post-closure care for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of R 299.9708 of the Michigan Administrative Code as such rule was constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with the rule is hereby amended to eliminate such inconsistency.

MAC R 299.9708
EFFECTIVE 9/22/98

The Insurer further certifies all of the following:

1. The Insurer is licensed to transact the business of insurance, or is eligible to provide insurance as an excess or surplus lines insurer, in the state of Michigan.
2. The Insurer has a minimum of \$7,000,000.00 of unimpaired surplus funds.
3. The Insurer assumes financial responsibility for the accepted risk, pursuant to the terms of the policy, using its own pool of resources that is independent, separate, and unrelated to that of the Insured.

A duplicate original of the policy listed above, including all endorsements thereon, is being submitted along with this certificate to the Michigan Department of Environmental Quality.

I hereby certify that the wording of this certificate is identical to the wording specified by the Michigan Department of Environmental Quality, as such certificate was specified on the date shown immediately below.

S. Smith

Scott Smith
Regional Manager

Signature of witness or notary:
09/30/08

Vivian A. Mattox

