



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2009

PRODUCER Willis of Michigan, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191 877-945-7378		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.	
INSURED EQ Holdings, Inc. 36255 Michigan Ave Wayne, MI 48184		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Chartis Specialty Lines Insurance	26883-001
		INSURER B: New Hampshire Insurance Company	23841-002
		INSURER C: Chartis Specialty Lines Insurance	26883-002
		INSURER D: Granite State Insurance Company	23809-001
		INSURER E: Chartis Specialty Lines Insurance	26883-007

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	57666391	8/1/2009	8/1/2010	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 25,000
	<input checked="" type="checkbox"/> XCU Included				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> \$100,000 Deductible				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B B	AUTOMOBILE LIABILITY	CA7557770	8/1/2009	8/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	CA1955437	8/1/2009	8/1/2010	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					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
C	EXCESS/UMBRELLA LIABILITY	57666618	8/1/2009	8/1/2010	EACH OCCURRENCE	\$ 25,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 25,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D D D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC6506636	1/1/2010	1/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	WC6506637	1/1/2010	1/1/2011	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below	WC6506638	1/1/2010	1/1/2011	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	OTHER	PLS2673560	8/1/2009	8/1/2012	\$35,000,000 Each Incident \$35,000,000 Aggregate	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS SEE ATTACHED						

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only

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

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

Workers Compensation - MI
 Issuing Carrier: Illinois National Insurance Company
 NAIC-Loc: 23817-001
 Policy Number: WC6506646
 Policy Term: 1/1/2010 - 1/1/2011
 Limit of Insurance: \$1,000,000. EL Each Accident
 \$1,000,000. EL Disease - Each Employee
 \$1,000,000. EL Disease - Policy Limit

Contractors Equipment
 Issuing Carrier: Fireman's Fund Insurance Company
 NAIC-Loc: 21873-001
 Policy Number: MXI93009311
 Policy Term: 8/1/2009 - 8/1/2010
 "All Risk" subject to policy conditions
 \$13,739,382 Scheduled Limit
 \$500,000 Leased/Rented Equipment

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

This Certificate of Insurance 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.



EQ HOLDINGS INC. – OTHER NAMED INSUREDS:

**EQ THE ENVIRONMENTAL QUALITY COMPANY
MICHIGAN DISPOSAL, INC.
WAYNE DISPOSAL, INC.
WAYNE ENERGY RECOVERY
EQ RESOURCE RECOVERY, INC.
EQ INDUSTRIAL SERVICES, INC.
EQ NORTHEAST, INC.
EQ TERMINAL SERVICES
EQ DETROIT, INC.
EQ AUGUSTA, INC.
EQ FLORIDA, INC.
EQ MOBILE RECYCLING, INC.**