



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2012

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 American Insurance Services Agency 1129 Raritan Rd. Clark NJ 07066		CONTACT NAME: Allison Feltynowski PHONE (A/C. No. Ext): (732)680-4444 FAX (A/C. No): (732)680-4067 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00001380	
INSURED Disposal Systems, Inc. PO Box 6696 Freehold NJ 07728-6696		INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurance Company INSURER B: Argonaut-Midwest Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	

COVERAGES

CERTIFICATE NUMBER: 12-13

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			EPK300939	8/19/2012	8/19/2013	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000		
	<input checked="" type="checkbox"/> Pollution coverage						PERSONAL & ADV INJURY	\$ 1,000,000		
	<input checked="" type="checkbox"/> Site Specific Pollution			GENERAL AGGREGATE	\$ 2,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$		
B	AUTOMOBILE LIABILITY			AB8113164	8/19/2012	8/19/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$		
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS				\$			\$		
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$			\$		
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EXC300940	8/19/2012	8/19/2013	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000		
	<input type="checkbox"/> DEDUCTIBLE							\$		
	<input type="checkbox"/> RETENTION \$							\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									
	If yes, describe under DESCRIPTION OF OPERATIONS below									
A	Professional Liability			EPK300939	8/19/2012	8/19/2013	Each Incident	1,000,000		
	Claims Made Retro 8/19/08						Aggregate	2,000,000		

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

CERTIFICATE HOLDER

CANCELLATION

Disposal Systems, Inc. PO Box 6696 Freehold, NJ 07728	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 N San Filippo/AMF 