### COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Crystal Clean, LLC Date: 9/25/2025

□ Not Met  transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)  List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)  X Met; □ Not Met  Not Met  Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)  Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)  Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or	· ·	
Not Met	Status	Brief Description of Application Requirements
Not Met		
□ Not Met  X Met; □ Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (iii) applicant will comply with all Ord.	x Met:	Evidence the entity is authorized to do business with the State of
Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)   Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c)   List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)   List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)   Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)   Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)   Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)   Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (iii) applicant will comply with all Ord.		
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	x Met;	
requirements and all applicable laws. Section 4-1 C. (2)(i)	□ Not Met	
		requirements and all applicable laws. Section 4-1 C. (2)(i)

	Delivery of written indemnity of County from any loss which may result
☐ Met;	from the applicant, its employees, subcontractors, agents, failure to
□ Not Met	perform in compliance with the terms of the franchise or the
	Ordinance. Section 4-1 C. (2)(j)
☑ Met;	Delivery of applicable Commercial Franchise application fee. Section
☐ Not Met	4-1 C. (5)
	□ Not Met  ☑ Met;



Date: October 27th, 2025

To whom it may concern:

As of the date of the correspondence stated above, Crystal Clean, LLC, has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases as applicable to its principals, partners, and officers.

I, Mark DeVita, Chief Financial Officer of Crystal Clean, LLC, do attest the above statement to be true and correct.

State Illinois

County of Cook

The foregoing instrument was acknowledged before me this 27th day of October 2025

MARK DEUSTA

Personally Know or Produced identification

OFFICIAL SEAL LEBENE ABENA HORMEKU Notary Public, State of Illinois Commission No. 624413 My Commission Expires April 21, 2029



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2025

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).

this certificate does not confer r	gnts to the certificate holder in lieu of s	sucn enaorsen	nent(s).		
PRODUCER Marsh USA LLC		CONTACT NAME:	Marsh   U.S. Operatio	ns	
155 N. Wacker, Suite 1200		PHONE (A/C, No, Ext):	866-966-4664	FAX (A/C, No):	
Chicago, IL 60606		E-MAIL ADDRESS:	Chicago.CertRequest	@marsh.com	
			INSURER(S) AFFO	RDING COVERAGE	NAIC#
CN103174334-GAWXE-25-26		INSURER A : In	onshore Specialty Insura	nce Company	25445
INSURED Crystal Clean, LLC		INSURER B : Na	ational Union Fire Ins Co	Pittsburgh PA	19445
2000 Center Drive, Suite East C300		INSURER C : Al	IU Insurance Company		19399
Hoffman Estates, IL 60192		INSURER D :			
		INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE NUMBER:	CHI-0107722	58-02	<b>REVISION NUMBER: 1</b>	

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.

NSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY			IEPUW0030496101	06/01/2025	06/01/2026	EACH OCCURRENCE	\$	5,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	Contractual Liability						MED EXP (Any one person)	\$	25,000
								PERSONAL & ADV INJURY	\$	5,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	5,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY			14570352	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	Х	ANY AUTO	1					BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Χ	MCS 90							\$	
Α		UMBRELLA LIAB X OCCUR			XSCUW0030496201	06/01/2025	06/01/2026	EACH OCCURRENCE	\$	5,000,000
	Χ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
		DED RETENTION \$						777	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY			14570350 (AOS)	06/01/2025	06/01/2026	X PER OTH- STATUTE ER		
С	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		14570351 (WI)	06/01/2025	06/01/2026	E.L. EACH ACCIDENT	\$	1,000,000
- 1	(Man	datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Con	tractors Pollution &			IEPUW0030496101	06/01/2025	06/01/2026	Per Occurrence Limit		5,000,000
	Prof	essional Liability						Deductible		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: All Work Performed for Polk County.

Certificate Holder is included as additional insured as required by written contract with respect to general and auto liability. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Polk County a Political Subdivision of the State of Florida 330 W Church St, Room 150	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bartow, FL 33830	AUTHORIZED REPRESENTATIVE of Marsh USA LLC
i i	Marsh USA LLC

### **INDEMNITY**

WHEREAS, THE UNDERSIGNED Peter Romei
(the "Undersigned"), is the <u>Corporate Counsel</u> of <u>Crystal Clean, LLC</u>
(the "Company"), a Indiana Limited Liability Company
WHEREAS, the Company, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and
WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the
NOW, THEREFORE, in consideration of the benefits accruing to the and for other good and valuable consideration, the Undersigned, by and on behalf of the does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly,, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the <u>Company</u> this <u>29</u> day of <u>September</u> , 20 <u>25</u> .
By: Peter Romei 1 (orporata Colonse)  [Printed Name, Title]    Crysfa   Clean LLC     an Indiana Company     By: Lebene Hormehy beneral loursey     [Printed Name, Title]
SEAL
OFFICIAL SEAL LEBENE ABENA HORMEKU Notary Public, State of Illinois Commission No. 624413 My Commission Expires April 21, 2029

#### Section 4-1 C. (2)(a) - Identity of Applicant

The applicant is Crystal Clean, LLC, a wholly owned subsidiary of Crystal Clean, Inc. Management:

Mark DeVita-Chief Financial Officer - Accounting Operations - Over 30 Years Exp.

Crystal Clean, LLC 2000 - Present

Provides accounting support in the acquisition, and business dealings, of Raider Environmental Services of Florida, Inc. and other similar companies that Heritage Crystal Clean, LLC has acquired.

Jordan Denney- Director of Industrial Services - Over 10 years Exp.

Crystal Clean, LLC 2022 - Present

Oversees the non-hazardous waste treatment facilities, the industrial cleaning and industrial services activities, as well as Heritage-Crystal Clean's Field Services/ waste brokering activities across the United States.

Manages and staffs projects to perform environmental jobs for both hazardous and non-hazardous industrial services for transportation and disposal for commercial and various cruise lines. As well as USDA garbage removal and disposal for the cruise lines, including RCCL and NCL.

Anita Decina- VP-Operational, Safety, and Environmental Excellence – Over 30 years Exp.

Crystal Clean, LLC 2000 - Present

Oversees permitting of all Oil Processing/Wastewater Treatment plants in the US for Heritage Crystal Clean, LLC (7 plants).

Mike Petkovich-VP - Wastewater Treatment Plant Operations - Over 30 years Exp.

Crystal Clean, LLC 2018 - Present

Oversees and manages the Director of Florida Operational Facilities and upgrades to used oil processing facilities.

#### Section 4-1 C. (2)(a) – Authorization to Do Business in Florida

Crystal Clean, LLC is authorized to conduct business in the State of Florida and is in active good standing with the Florida Department of State, Division of Corporations. See Appendix A.

#### Section 4-1 C. (2)(b) - Experience and Qualifications

Crystal Clean has operated since 1999 and provides environmental services nationwide, including the collection and transportation of hazardous and non-hazardous solid waste. Personnel are trained in DOT, RCRA, OSHA, and state solid waste rules. Drivers hold valid

CDLs with HazMat endorsements and complete annual training in waste handling, regulated garbage, and spill response. Further training records are available upon request. Section 4-1 C. (2)(c) - Litigation/Enforcement Disclosure To the best of our knowledge, Crystal Clean has received or has pending the following citations, notices of violations, or fines from federal, state or local environmental regulatory agencies within the last 5 years: See attached spreadsheet in Appendix B Section 4-1 C. (2)(d) - Vehicles, Equipment, and Asset A complete list of trucks, trailers, roll-off containers, and collection vehicles to be used in Polk County service is provided in Appendix C. Section 4-1 C. (2)(e) – Frequency and Container Information Crystal Clean does not provide dumpsters, roll carts, roll off containers, compactors, or any other containers to customers. Section 4-1 C. (2)(f) - Inspection Consent Crystal Clean acknowledges and consents to Polk County's right to inspect its vehicles, containers, compactors, and other equipment at any time. Section 4-1 C. (2)(g) - Insurance Certificate Original Certificates of Insurance evidencing compliance with Commercial General Liability coverage of at least \$2,000,000 per occurrence and statutory workers' compensation coverage will be submitted with this application as Appendix D Section 4-1 C. (2)(h) - Required Permits and Licenses Crystal Clean has obtained all required permits and licenses necessary to provide commercial collection services in Florida, including DOT and APHIS/CBP authorizations. APHIS Monitoring Checklist is provided in Appendix E as evidence of good standing.

# Section 4-1 C. (2)(i) – Sworn Affidavit See Appendix F for affidavit. Section 4-1 C. (2)(j) – Indemnity of County See Appendix G for indemnity of county.

### Section 4-1 C. (5) - Application Fee

Crystal Clean will submit the required commercial franchise application fee with this filing.

### Appendix A Authorization to Do Business in Florida



## FLORIDA

### 2025 Florida Annual Resale Certificate for Sales Tax

#### This Certificate Expires on December 31, 2025

**Business Name and Location Address** 

Certificate Number

78-8012409446-7

HERITAGE-CRYSTAL CLEAN LLC 2000 CENTER DR STE C300 HOFFMAN ESTATES, IL 60192-5005

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Re-rental as commercial real property
- Incorporation into tangible personal property being repaired
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing

Your Florida Annual Resale Certificate for Sales Tax (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You may not use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

**As a seller**, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

- Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
- 2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
- Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

Online: Visit floridarevenue.com/taxes/certificates

Phone: 877-357-3725 and enter your customer's Annual Resale Certificate number

Mobile App: Available for iPhone, iPad, and Android devices

### Appendix B Compliance History Chart

NOV Date and Citation Date	Date of inspection	######################################	Number	Agency	Violation/Action Name			
MANUAL AND			The second secon		PRODUCE OF THE PARTY OF THE PAR	Description	Status Text	\$ Pena
							In January 2022, the U.S. EPA and the states	
							of Louisiana and Indiana filed a civil action	
							against HCC alleging that the company's	
							solvent re-use and non-hazardous recycling	
							programs violated various provisions of	
							RCRA. The company disputed the allegations	
1							and, following mediation and extensive	
							negotiations, agreed to resolve the alleged	
						Altered vi-letter for fell and a second seco	violations through a Consent Decree under	
						Alleged violations for failure to complete HW determinations, storage	which the company admits to no	
- 1				EDA IDEA		w/o permit, failure to control emissions, failure to maintain records, mgt	wrongdoing. The Consent Decree was	
3/22/2022	1/19/2022	Various		EPA, IDEM,	0.44	of used oil, inadequate secondary containment, unmanifested HW	entered with the court in the second quarter	\$1,162,500 Ci
STEETEOEE	1/13/2022	various		LDEQ	Civil complaint	shipments, failure to mark equip, accept HW at SW facility.	2024.	Pena
4/11/2023	12/9/222	Customer location/NY	11 0000420052					
4/11/2023	12/0/222	Customer location/NY	ILR000130062	NY DEC	Notice of Violation	Alleged manifest violations	Responded 4/25/23	
5/10/2023	5/10/2023						Have not received/violation on PA DEP	
3/10/2023	3/10/2023	PA	415870	PA DEP	Notice of Violation	Alleged failure to submit quarterly report.	website	
ľ						Alleged violations for failure to submit complete and correct Annual		
C /7 /2022	F /2 /2022					Waste Summaries and failure to update Notice of Registration for		
6/7/2023	5/3/2023	Odessa, TX	Investigation # 1897369	TCEQ - IHW		primary contact information	Closed	
0/7/2022					Notice of		Received Return to Compliance Letter	
8/7/2023		MA	NON-00015316	MA DEP	Noncompliance	Missing monthly reports	1/12/24	
0/40/2022			Pre-Enforcement Notice		Pre-Enforcement	Alleged violations of solid waste rules - a DEQ Solid Waste Permit is		
8/10/2023		Portland, OR	2023-PEN-8616	ODEQ	Notice	required to operate branch	Pending	
8/16/2023		Various	AH0672	PA DEP	Notice of Violation	Alleged failure to submit quarterly report.		
			NOV and Compliance			Violations per inspection at our customer, ABC Imaging, regarding waste		
9/18/2023	6/12/2023	NY	Order # 2304033	NY DEC	Notice of Violation		Responded 10/6/23	
						Alleged violations for failure to clean ground spill, staining, cracks in	2,0,0	
10/20/2023	7/25/2023	PA		PA DEP	Notice of Violations	asphalt, inspection records, records of releases.	Responded 11/15/23	
						, , , , , , , , , , , , , , , , , , , ,	Nesponded 11/15/25	
	1			1	Expedited Settment			
					Agreement and Final			
1/5/2024	12/18/2023	10th Street, IN	EPA-5-24-CAA-ESA-09	Region 5	Order	Failure to update RMP.	Sattlad	
						t differ to apuate wife.	Jettieu	\$ 3,0
					Provisional			
1/25/2024		Bakersfield, CA	CAL000282598	CA DTSC	Inspection Violation	Failure to provide updated Financial Assurance	Paggivad hadeta assertion of the	
10/30/2024		PA	12/17/3090	PA DEP	Notice of Violation	Failure to submit quarterly report		
				EPC		railare to sautine quarterly report	Sumitted report. Closed	
	- 1			Hillsborough	Compliance			
11/13/2024		Plant City, FL	29/8625319	County	Assistance Offer	Storage tank violations	Return to Compliance Letter 12/11/24	
					Compliance	Storage talk violations	neturn to comphanice Letter 12/11/24	
2/10/2025	12/16/2024	UT Transporter	2412156	UT DEQ	Advisory	Halogen content missing from shipping documents.	Possived Classes to the 2 /20 /25	
2/3/2025		PA	438062	PA DEP	Notice of Violation			
			.50002	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Late HW transportation fees.	Submitted fees. Closed	
4/21/2025	- 1	NY	CO 4-20250327-35	NY DEC	Notice of Violation	Allege transport of unauthorized regulated waste to multiple facilities.		

### Appendix C Vehicles, Equipment, and Asset

POLK COUNTY WASTE & RECYCL					OFFICE USE ONLY	
NON-EXCLUSIVE COMMERCIAL F	RANCHISE ANNUAL VEHICLE L	IST			DATE RECEIVED	
FRANCHISEE CRYSTAL CLEAN					DATE TO AUDITING	
FOR YEAR 2025-2026					ACCEPTED	
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
KENWORTH	T800	1999	ROLLOFF	25yd	29858	1NKDLB0X9XJ814071
KENWORTH	T800	2010	ROLLOFF	40yd	31254	1NKDX4TX8AJ262632
KENWORTH	T880	2024	ROLLOFF	40yd	30600	1NKZXPEX9RJ336107
KENWORTH	T800	2006	ROLLOFF	40yd	28965	1NKDLB0X66J145790
KENWORTH	твоо	2006	ROLLOFF	40yd	29610	1NKDLB0XX6J145792

### Appendix D Insurance Certificate



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2025

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).

-	10 00:11:10 11:00 1:00 00:11:00 1:5			CONTA	CT	V			
PRO	DUCER Marsh USA LLC			NAME: Marsh U.S. Operations					
	155 N. Wacker, Suite 1200			(A/C, No E-MAIL ADDRE	.Ext): 866-98	66-4664		AX A/C, No): 21	2-948-0770
	Chicago, IL 60606			ADDRE	ss: Chicag	o.CertRequest@	marsh.com		
1					INS	URER(S) AFFOR	IDING COVERAGE		NAIC#
CN	103174334GAWXE-25-26			INSURER A: Ironshore Specialty Insurance Company 25445					
INSU	IRED Crystal Clean, LLC			INSURER B: National Union Fire Ins Co Pittsburgh PA					
	2000 Center Drive, Suite East C300			INSURE	RC: AIU Insura	nce Company			19399
	Hoffman Estates, IL 60192			INSURE	RD: Beazley Ex	cess and Surplu	s Insurance, Inc		17520
				INSURE					
				INSURE					
CO	VERAGES CERT	IFICAT	TE NUMBER:	_	010763884-08		REVISION NUME	3ER: 11	
T	HIS IS TO CERTIFY THAT THE POLICIES (	DE INSU	JRANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE	FOR THE	POLICY PERIOD
110	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH PE	UIREM	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS,	DOCUMENT WITH F	RESPECT	TO WHICH THIS		
INSR	A	DDL SUB	BR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	NAME OF STREET	IEPUW0030496101		06/01/2025	06/01/2026	EACH OCCURRENCE	\$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurre	)	1,000,000
	X Contractual Liability						MED EXP (Any one per		25,000
	A Contractual Elability					3	PERSONAL & ADV INJ		5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGAT		5,000,000
	DBU D						PRODUCTS - COMP/O		5.000.000
							PRODUCTO - COMPTO	\$	
В	OTHER: AUTOMOBILE LIABILITY	+	14570352		06/01/2025	06/01/2026	COMBINED SINGLE LI		5,000,000
"			14070002		00/01/2020	GO/G INEGEO	(Ea accident) BODILY INJURY (Per p		3,000,000
	X ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per a		
	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	S S	
l	AUTOS ONLY AUTOS ONLY						(Per accident)		
_	X MCS 90		<u> </u>					\$	5 000 000
A	UMBRELLA LIAB X OCCUR		XSCUW0030496201		06/01/2025	06/01/2026	EACH OCCURRENCE		5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED RETENTION \$				0010410005	0010410000	DED	S \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		14570350 (AOS)		06/01/2025	06/01/2026	X PER STATUTE	OTH- ER	
C	ANYPROPRIETOR/PARTNER/EXECUTIVE	I/A	14570351 (WI)		06/01/2025	06/01/2026	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	"					E.L. DISEASE - EA EMI	PLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY	YLIMIT \$	1,000,000
D	Contractors Pollution &		D375C8250201		06/01/2025	06/01/2026	Limit		10,000,000
	Professional Liability						SIR		100,000
	, totoonal crashy								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACOR	RD 101, Additional Remarks Schedu	le, may be	attached if more	space is require	od)		
CE:	TIEICATE UOI DED			CANO	ELLATION				
CE	RTIFICATE HOLDER			CANU	ELLATION				
	Crystal Clean, LLC 2000 Center Drive, Suite East C300 Hoffman Estates, IL 60192			THE	<b>EXPIRATION</b>	DATE THE	ESCRIBED POLICIES REOF, NOTICE V Y PROVISIONS.		
				AUTHOR	RIZED REPRESEN	ITATIVE			
						,	March U.S	34 B)	10

AGENCY CUSTOMER ID: CN103174334

LOC #: Chicago



### **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY Marsh USA LLC		NAMED INSURED Crystal Clean, LLC 2000 Center Drive, Suite East C300
POLICY NUMBER		Hoffman Estates, IL 60192
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Layer Liability: Policy Number: FFX2034932-14 Carrier: Nautilus Insurance Company

Policy Effective/Expiration Dates: 06/01/2025 - 06/01/2026

Aggregate: \$5,000,000 Each Occurrence: \$5,000,000

Site Pollution Liability:

Policy Number, MKLV3ENV105283

Carrier: Markel

Policy Effective/Expiration Dates: 06/01/2025 - 06/01/2026

Limit: \$10,000,000 SIR: \$500,000

The Certificate Holder is an additional insured (except for workers' compensation) concerning General Liability, Contractor's Pollution & Professional Liability, Automobile Liability, and Employer's Liability coverage, only as required by written contract and subject to the terms and conditions of the policy. The General Liability includes contractual liability and applies to work done near the railroad, per the policy's terms and conditions.

The Excess Liability policy (Ironshore #XSCUW0030496201) provide additional limits over the General Liability, Contractors' Pollution & Professional Liability, and Employer's Liability Policies, subject to the terms and conditions of the excess policy.

The Excess Liability policy (Lloyd's Syndicate HIS33 NAIC#AA-1126033) provide additional limits over the Auto Liability policy subject to the terms and conditions of the excess policy.

The insurance is primary and non-contributory over any existing insurance and is limited to liability arising from the operations of the named insured, as required by written contract and subject to the policy's terms and conditions. The Certificate Holder is a loss payee, as required by written contract concerning auto liability. A waiver of subrogation is applicable where required by written contract and subject to the policy's terms and conditions.

Additional Named Insured and a Crystal Clean, LLC subsidiary:

Patriot Environmental Services, Inc.

Worldwide Recovery Systems, Inc.

YES Management, Inc.

Envirosate Services of Ohio, Inc.

Premium Environmental Services, Inc.

### Appendix E APHIS Regulated Garbage Monitoring Checklist



### Animal and Plant Health Inspection Service U.S. DEPARTMENT OF AGRICULTURE

### **APHIS Regulated Garbage Monitoring Checklist**

#### **Purpose**

The purpose of this checklist is to help APHIS/CBP officials plan, conduct, and document monitoring/safeguarding activities of APHIS regulated garbage (RG) handling for compliance. Use this checklist in conjunction with the approved regulated garbage establishment's RG packet and other records maintained with APHIS/CBP.

### Core List of Requirements to Handle APHIS Regulated Garbage

Monitoring is inspecting to evaluate that the regulated garbage compliance agreement holder is adhering to the core requirements to safeguard APHIS Regulated Garbage. Refer to the Core List of Requirements in the APHIS Regulated Garbage Compliance Agreement Approval Template.

Complete the applicable sections of the checklist below to record compliance monitoring results.

	klist (filled out by government off						
Name of establishment/company (Unit #):	ritage-Crystal Clean, L	LC					
5080 Fast State Road	60						
Address: 5080 East State Road							
<sub>city:</sub> Mulberry	State: FL	Zip Code: 33860					
Phone: 813-836-4658 Email addr	ess: Carlos.Cortes@Crys	stal-Clean.com					
Name and title of establishment representative: Carlos Cortes, Facility Manager							
Name and title of establishment representative:	04/100 00/100, 1 4/1	July 111di 15.go.					
Date: 04/04/25							
Type of establishment (check all applicable cate	gories):						
□Back-caterer	☐Cleaner	☐ Caterer					
Hauler/Cartage Firm	☐Fixed Base Operator	☐Storage/Transfer Station					
□Vessel (including Cruise Ship Operator)	☐Military Base	Processor					
Type of visit (check one):							
☐ Enforcement visit	☐Scheduled	☐Spot/Unannounced					
If a 6-month enforcement visit:	■1st inspection this FY	☐2nd inspection this FY					
If a first year RG CA approval-quarterly enforcement visit:	☐1st inspection this FY	2nd inspection this FY					
	☐3rd inspection this FY	☐4th inspection this FY					

A. ALL ESTABLISHMENTS	The sale day	Current St (Check O	
<ol> <li>a. Are all employees current on their required APHIS regulated garbage training?</li> </ol>	ΞY	ΠN	□n/A
Important: Verify training records.			and the section
Note: Training records are required to be kept on file for three (3) years.			
2. a. Is regulated garbage stored, locked, and secured on the premises?	<b>⊠</b> Y	□N	□N/A
b. Is there a pest control program for rodents, birds, and other vermin?	<b>E</b> Y	□N	□N/A
c. Does the establishment have tightly covered, leak-proof receptacles (including plastic bags at least 3 mil thick and/or containers) readily available for use to store APHIS regulated garbage?	ΦY	Пи	□n/a
d. Are all storage and containment areas in and around the establishment properly marked, including receptacles, buildings, sheds, and any exterior structure hosting smaller receptacles, and that each containment device will be uniquely marked with "REGULATED GARBAGE" clearly visible, as required by the regulated garbage compliance agreement?	ΞŸ	OΝ	□N/A
Important: If yes, verify that all areas meet APHIS requirements	-	Ì	
3. a. Is an APHIS-approved cleaning and disinfection (spill) kit readily available to address APHIS regulated garbage spills per the regulated garbage compliance agreement?	■Y ■Y	ON	□n/a □n/a
b. Is the cleaning and disinfection (spill) log complete and up-to-date?	□Y	□N	■N/A
c. Has a spill occurred outside of the establishment's facility?	ΠY	圏N	□N/A
i. If yes to c. above, were required procedures followed?			
4. a. Are all reusable tools/equipment used for handling regulated garbage spills cleaned and disinfected/sanitized?	BY	ПN	□n/a
b. Was the cleaning and disinfecting/sanitizing procedure performed over a drain leading to an approved sewage system or directly into a a receptacle (i.e., containment tank, plastic bag) for proper disposal?	ΟY	ΩN	■N/A
5. If recyclable materials are off-loaded from the conveyance, are they separated prior to removal from the conveyance and identified to keep them separate from regulated garbage?	ΠY	ΠN	■N/A
Important: If yes, have the establishment explain/demonstrate separating procedures.	Marie Control of the State of t	1	
6. Have there been any changes to the establishment's operating procedures (for example, name, ownership, address, location, equipment, local contact informa- tion, etc.)?	ΠY	N	□N/A
Important: If yes, determine whether or not the changes require action. Refer to Compliance Monitoring Inspection in the Regulated Garbage Program Manual.	7.07	: : : : : : : : : : : : : : : : : : :	NA AMERICAN SERVICES OF THE SE

A, ALL ESTABLISHMENTS	· interest	Current St	alus
	MA STEEL	(Check O	ne)
7. Are all of the following records for handling regulated garbage complete and accurate, if applicable?	3	1	- mar (d ra
♦ Callection	<b>S</b> Y	□N	□N/A
❖Transportation	<b>≣</b> Y		□N/A
<b>♦</b> Storage	<b>≣</b> Y	ΠN	□N/A
❖ Transfer	<b>3</b> Y		□N/A □N/A
◆Processing	≣Y	UN	LJN/A
<ul> <li>Disinfectants and sanitizers used in association with the handling of regulated garbage (this includes disinfectant used for both cleaning and disinfection and spills)</li> </ul>	<b>5</b> Y		□n/A
Regulated garbage training provided to employees and any subcontractors, if applicable	■Y	ΠN	□N/A
Important: If yes, verify the accuracy of the records. Refer to the Guidelines for Regulated Garbage Record-Keeping.			Park Spring in the College
8. If the establishment was not able to perform regulated garbage handling activities, did they notify CBP/PPQ as required?	ΠY	ON	<b>B</b> N/A
Important: The establishment serving as a back-up must also have a valid regulated garbage compliance agreement covering the same handling activity.			
9. a. Does the establishment provide adequate records that regulated garbage is not held in storage for more than 120 hours?	<b>S</b> Y	□N	□N/A
b. Has the establishment requested or needed to extend storage times beyond 120 hours?	ΠY	■N	□N/A
Important: If yes, verify that the establishment communicated the need to APHIS officials.	THE REST OF THE PERSON NAMED IN COLUMN NAMED I		PARTY NAME OF THE PARTY NAME O
10. NEXT: PROCEED to the next category (if applicable) or to the signature page t tion.	o validate	your compl	iance inspec-

B. CLEANERS			Current St (Check O	
	Is the cleaning and disinfection kit complete, including EPA approved sanitizer for use in food handling areas?	4	ΠN	■N/A
.2.	NEXT: PROCEED to the next category (if applicable) or to Summarize the Monitoria your compliance inspection.	ng Inspect	ion Results	to validate

C. HAULERS (Cartage Firms)/CATERERS/FBOs	Current Status (Check One)		
1. If vehicles are used for hauling RG and other non-regulated material, does the vehicle/receptacle meet APHIS regulatory requirements: enclosed, (receptacles identified as regulated garbage and leak-proof), regulated garbage separated and identified per the regulated garbage compliance agreement?	<b>S</b> Y	ПN	□n/A
Important: If yes, verify that these items are clearly separated.			
2. Has the route map been changed since the last inspection?	ΠY	<b>■</b> N	□N/A
Important: If yes, verify that the establishment has an up-to-date copy of the route map on file.			
3. Have there been any changes in the list of pickup establishments/locations?	ΠY	<b>■</b> N	□N/A
Important: If yes, verify that the list has been updated in the regulated garbage compliance agreement.		1	
<ol> <li>Is the cleaning and disinfection kit complete, including EPA approved sanitizer for use in food handling areas (for caterers)</li> </ol>	<b>■</b> Y	□N	□N/A
<ol><li>NEXT: PROCEED to the next category (if applicable) or to Summarize the Monitorin your compliance inspection.</li></ol>	g Inspect	on Results	to validate

D. AIRCRAFT BACK-CATERER		Current Status (Check One)		
Is the establishment compliant with the following?	<b>C</b>			
Does the aircraft depart the United States within 12 hours of the time of arrival?	□Y	□N	■N/A	
Does the aircraft depart from the U.S. airport at which it arrived to a foreign destination?	□Y	□N	■N/A	
Do the aircraft personnel maintain tamper-proof compartments, cabinets, storage areas and carts for unused/unopened regulated meals?	ΠY	□N	<b>■</b> N/A	
Do the aircraft personnel ensure that the meals are not removed from the conveyance for any reason?	□Y	ΠN	■ N/A	
Do the aircraft personnel maintain separation of all unused/unopened regulated supplemental meals from any regulated garbage, preventing cross-contamination or commingling with regulated garbage by crew, cabin cleaners, or any other per- sons in/on the aircraft¹?	ΠY	ON	■N/A	

If unused/unopened regulated meals contact, are commingled, or contaminated with regulated garbage, the status of the unused/unopened regulated meals will be changed to regulated garbage, which will have to be offloaded from the conveyance in accordance with APHIS RG handling requirements

E. VESSELS	DEC. 104 (111)	Current Status (Check One)		
<ol> <li>If the vessel is off-loading ash, is the regulated garbage reduced to ash, other than metal or glass?</li> </ol>	ΟY	ПN	<b>■</b> N/A	
Important: If not, the material must be handled as regulated garbage.	No. of the last of			
2. Is vessel supervision in place for off-loading APHIS regulated garbage?	∰Y	ΠN	□N/A	
Important: If yes above, verify training records of personnel providing the supervision of the off-loaded regulated garbage.	de la companya de la		No. (Company)	
3. Is the regulated garbage maintained in covered, leak-proof receptacles inside the rail white on-board the vessel?	SY	Dи	□N/A	
Important: If yes above, verify that the receptacles are inside the rail and meet APHIS requirements.	Brand Brandston	Andread and the control of the contr		
<ol> <li>Has the vessel been purged of all APHIS regulated garbage for certification of domestic status since the last monitoring interval?<sup>1</sup></li> </ol>	ΠY	ON	<b>■</b> N/A	
Important: If yes above, verify records of purging activity.	and and	and appropriate		

<sup>1</sup> Refer to Procedures for Purging Stores, 24 Hour Rule and APHIS Regulated Garbage.

F. PROCESSORS (Grinders/Sterilizers/Incinerators)		Current Status (Check One)		
For grinders:     a. Is the grinder directly connected to an EPA-approved sewage system?	ΟY	N C	= N/A	
Important: If yes, verify that the grinder is directly connected to an EPA-approved sewage system.	and the visit structure of			
b. Are there other disposal methods in place for materials that cannot be pro- cessed by grinding?	П		■ N/A	
Important: If yes, verify that the other disposal methods meet APHIS requirements.			IS INUP	
c. Is the grinder capable of processing a standard load and reducing garbage to particles small enough to pass easily into the sewage system? Important: If yes, verify equipment functionality. The grinder, grease trap, all asso- ciated equipment, and pipes, must be maintained to assure continued effective operation.	ΠY	□n	■N/A	
For sterilizers: <ul> <li>a. Has the verification of calibration of the autoclave or non-pressurized cooker</li> <li>been conducted by CBP or APHIS at least twice a year and after malfunctions/</li> <li>repairs?</li> </ul>	<b>■</b> Y	ПN	□n/A	
Important: If no, proceed with the Calibration Record-Worksheet.				
b. Do the sterilizer records indicate that the sterilizer has met minimum standards set at the last verification of calibration, and if not was the regulated garbage repro- cessed prior to removal from the sterilizer?	ΞΥ	Пи	□n/A	
The internal garbage temperature must be at least 212 °F for at least 30 minutes.				
c. Have the thermocouple/data logger and the sterilizer thermocouple been cali- brated annually by an authorized source (eg. technician/manufacturer)?	<b>S</b> Y	□N	□N/A	
. For incinerators: is all garbage reduced to ash, other than metal and glass?	ΠY	N	<b>■</b> N/A	
Important: Verify that record-keeping logs are being maintained, and if the establishment has had to re-burn regulated garbage not burned to ash during the initial processing, since the last monitoring interval.	Anadole at topologis			

<sup>1</sup> The sewage system cannot be a septic tank or storage lagoon.

### **Summarize the Monitoring Inspection Results**

Proceed to the Comment Section and note additional instructions you may require, including:

- Noncompliance
- Deficiencies
- Enforcement actions (violations)
- Any other notable inspection results

### **COMMENT SECTION**

response in the control of the contr			
Noncompliance/deficiencies/enforcement actions (violations)/oth	er notables		
	o silini		
A			
in mari marine	S. Company to the second of		******
Time allowed to correct deficiencies not immediately resolved:	TP TP TP TP		:
Deficiencies resolved at the time of inspection:			
Carlos Cortes			
Printed Name of Establishment Authorized Employee			
		04/04	/25
Establishment Authorized Employee Signature and Title		Date	
Josue A. Ramirez			
Printed Name of PPQ or CBP Official			
6327		04/04	/25
PPQ or CBP Official's Signature and Title		Date	
A copy should be provided to the establishment employee.			
Check applicable box below:			
Copy Provided at Visit Copy Will Be Provided After Visit DBy	/ E-mail (	<b>Ј</b> ву <b>Г</b> АХ	□By Mail



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2025

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.

li ti	SUBROGATION IS WAIVED, subject is certificate does not confer rights	t to the te to the cer	erms and conditions of the tificate holder in lieu of si	ie policy, certain p uch endorsement(s	olicies may . s).	require an endorsement	. A statement or	וי
_	DUCER				n   U.S. Operation	\$		
Ma	rsh USA LLC			PHONE 000.0	966-4664	FAX (A/C, No):		
	N. Wacker, Suite 1200 cago, IL 60606			(A/C, No, Ext): 866-9 E-MAIL ADDRESS: Chica	igo.CertRequest@			
					SURER(S) AFFOR	RDING COVERAGE	NAIC#	
CN	103174334GAWXE-25-26			INSURER A : Ironshore	Specialty Insuran	ce Company	25445	
INS	IRED			INSURER B: National Union Fire Ins Co Pittsburgh PA				
	stal Clean, LLC 0 Center Drive, Suite East C300			INSURER C : AJU Insur	The state of the s		19399	
	fman Estates, IL 60192			INSURER D :				
				INSURER E :	Uh.			
				INSURER F:	A			
CO	VERAGES CEF	RTIFICAT	E NUMBER:	CHI-010772258-01		REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	CT TO WHICH THIS	S I
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	_
Α	X COMMERCIAL GENERAL LIABILITY		IEPUW0030496101	06/01/2025	06/01/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 5,000,0	- 1
	CLAIMS-MADE X OCCUR		Altra-			PREMISES (Ea occurrence)	\$ 1,000,0	
	X Contractual Liability		The state of the s	16.3		MED EXP (Any one person)	\$ 25,0	_
				The same of the sa		PERSONAL & ADV INJURY	\$ 5,000,0	
	GEN'L AGGREGATE LIMIT APPLIES PER:		10. 20			GENERAL AGGREGATE	\$ 5,000,0	
	X POLICY PRO- JECT LOC	Lati	In. 10.07			PRODUCTS - COMP/OP AGG	\$ 5,000,0	)00
_	OTHER:	1 100	14570000	00/04/0005	00/04/0000	COMBINED SINGLE LIMIT	\$ 5,000.6	
В	AUTOMOBILE LIABILITY	10	14570352	06/01/2025	06/01/2026	(Ea accident)	- 0,000,0	)00
	X ANY AUTO OWNED SCHEDULED		#W			BODILY INJURY (Per person)	\$	-
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY AUTOS ONLY	That				(Per accident)	\$ \$	-
_	X MCS 90		VOCULAROOD 400004		00/04/0000			000
Α	UMBRELLA LIAB X OCCUR		XSCUW0030496201	06/01/2025	06/01/2026	EACH OCCURRENCE	s 5,000,0	
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,0	JUU
С	DED RETENTION \$ WORKERS COMPENSATION		14570350 (AOS)	06/01/2025	06/01/2026	X PER OTH-	\$	$\neg$
C	AND EMPLOYERS' LIABILITY Y / N		14570351 (WI)	06/01/2025	06/01/2026	E.L. EACH ACCIDENT	\$ 1,000,0	000
ľ	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - POLICY LIMIT	s 1,000,0	
A	DÉSCRIPTION OF OPERATIONS below  Contractors Pollution &	1	IEPUW0030496101	06/01/2025	06/01/2026	Per Occurrence Limit	5,000,	000
^			ILF 0440030430101	00/01/2020	00/0 //2020	Deductible	100.	
	Professional Liability					Deductible	100,	500
RE: Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC All Work Performed for Polk County. Lifficate Holder is included as additional insured as red Licable where required by written contract and subjec	quired by writt	en contract with respect to general a			ed)		
CE	RTIFICATE HOLDER			CANCELLATION				_
Poll a P of th	c County Diffical Subdivision the State of Florida W Church St, Room 150			SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	THE ABOVE D N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
Bar	ow, FL 33830			AUTHORIZED REPRESE of Marsh USA LLC	ENTATIVE	Marsh USA .	220	
4								

AGENCY CUSTOMER ID: CN103174334

LOC #: Chicago



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA LLC POLICY NUMBER		NAMED INSURED  Crystal Clean, LLC  2000 Center Drive, Suite East C300
POLICY NUMBER		Hoffman Estates,IL 60192
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance FORM NUMBER: 25

Excess Layer Liability: Policy Number: FFX2034932-14 Carrier: Nautilus Insurance Company

Policy Effective/Expiration Dates: 06/01/2025 - 06/01/2026

Aggregate: \$5,000,000 Each Occurrence: \$5,000,000

Site Pollution Liability:

Policy Number: MKLV3ENV105283

Carrier: Markel

Policy Effective/Expiration Dates: 06/01/2025 - 06/01/2026

Limit: \$10,000,000 SIR: \$500,000

The Certificate Holder is an additional insured (except for workers' compensation) concerning General Liability, Contractor's Pollution & Professional Liability, Automobile Liability, and Employer's Liability coverage, only as required by written contract and subject to the terms and conditions of the policy. The General Liability includes contractual liability and applies to work done near the railroad, per the policy's terms and conditions.

The Excess Liability policy (Ironshore #XSCUW0030496201) provide additional limits over the General Liability, Contractors' Pollution & Professional Liability, and Employer's Liability Policies, subject to the terms and conditions of the excess policy.

The Excess Liability policy (Lloyds Syndicate HIS33 NAIC# AA-1126033) provide additional limits over the Auto Liability policy subject to the terms and conditions of the excess policy.

The insurance is primary and non-contributory over any existing insurance and is limited to liability arising from the operations of the named insured, as required by written contract and subject to the policy's terms and conditions. The Certificate Holder is a loss payee, as required by written contract concerning auto liability. A waiver of subrogation is applicable where required by written contract and subject to the policy's terms and conditions.

Additional Named Insured and a Crystal Clean, LLC subsidiary: Patriot Environmental Services, Inc.

Worldwide Recovery Systems, Inc.

YES Management, Inc.

Envirosafe Services of Ohio, Inc.

Premium Environmental Services, Inc.

Mirachem, LLC

Appendix F

Affidavit

### **INDEMNITY**

WHEREAS, THE UNDERSIGNED Lebene Hormeku
(the "Undersigned"), is the General Counsel of Crystal Clean, LLC
(the "Service Provider "), a Indiana Limited Liability Company,
WHEREAS, the Service Provider, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and
WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the Service Provider
NOW, THEREFORE, in consideration of the benefits accruing to the Service Provider  and for other good and valuable consideration, the Undersigned, by and on behalf of the Service Provider  does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Service Provider  , its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Service Provider this 25 day of September , 2025.
ATTEST: Cystal Clean LLC
By: Med 2000 By: Title Horallo
[Printed Name, Title] LEBENE HORMENU, GENERAL [Printed Name, Title] [Printed Name, Title] (OUNSEL

**SEAL** 

### AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

### STATE OF FLORIDA COUNTY OF POLK

A	the undersigned notary public authorized to administer oaths, personally appeared who, first being duly sworn, on oath deposes and states, as follows:
1)	He is Corporate Counsel to Crystal Clean, LL a Indiand corporation.
2)	He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
3)	There are no unsatisfied judgments entered against Crystal Clean, LLC.
4)	There are no liens of record filed by the Internal Revenue Service against Crystal Clean, LLC.
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Crystal Clean, LLC.
6)	Crystal Clean, LLC acknowledges and consents that the County shall have the right to inspect Crystal Clean, LLC vehicles, containers, compactors, and other equipment at any time.
7)	During the time of the existing Commercial Franchise, Crystal Clean, LLC has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term Crystal Clean, LLC will continue to comply with the same.
Further the af	fiant sayeth not.
Dated	the 25th day of september, 2015
	Sworn Person Signature  Peter Long (Organia Counse)  Printed Name and Title of Sworn Person
Sentember	instrument was sworn (or affirmed) and subscribed before me this
has produced	as identification.
LEBENE AB Notary Publi	Notary Public Signature  Legicon No. 624413 Expires April 21, 2029  Printed Name of Notary Public  Printed Name of Notary Public
(AFFIX NOT	ORIAL SEAL) Notary Commission Number/Expiration

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 245584

CLASS: B

**EXPIRES:** 

09/30/2026

OWNER NAME	LOCATION
CRYSTAL CLEAN OF FLORIDA LLC	5080 HWY 60 EAST MULBERRY
BUSINESS NAME AND MAILING ADDRESS CRYSTAL CLEAN LLC CRYSTAL CLEAN LC 2000 CENTER DR E HOFFMAN EST, IL 60192-5005	CODE ACTIVITY TYPE  220050 WASTEWATER TREATMENT PLANT 810000 LTD OTHER SERVICES  PROFESSIONAL LICENSE (IF APPLICABLE) -

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY

DISPLAYED AT THE BUSINESS LOCATION

PAID - 3527493 09/17/2025 OPY

OLP 57.75

**CRYSTAL CLEAN LLC** 



Receipt #
Date:
Time:
Location:
Cashier:

3527493 09/17/2025 1:51 pm 13:51:21 ONLINE PAYMENTS OPY

### Items Paid

Туре	Tax Year / Item	Description/ Account	Amount
Business Tax	2025	187257	31.50
Business Tax	2025	245584	57.75
		Item Total	89.25

### **Payments**

Method	Payee	Account/Check #	Amount
ECHECK	CRYSTAL CLEAN LLC		89.25
		Payment Total	89.25

Change Due 0.00
Balance 0.00

\*\*\*\*End\*\*\*\*

<sup>\*</sup> Note - Online Payment

### **INDEMNITY**

WHEREAS, THE UNDERSIGNED Peter Romei
(the "Undersigned"), is the <u>COPPORATE COUNSE</u> of <u>Crystal Clean, LLC</u>
(the "Company "), a Indiana Limited Liability Company
WHEREAS, the Company, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and
WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the
NOW, THEREFORE, in consideration of the benefits accruing to the and for other good and valuable consideration, the Undersigned, by and on behalf of the does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly,, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Ordinance.
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the <u>Company</u> this <u>29</u> day of <u>September</u> , 20 <u>2 3</u> .
By: Peter Romei 1 (a (Parate (ON)se) Le pere Har mehr, beneral loure
[Printed Name, Title] [Printed Name, Title]
SEAL
OFFICIAL SEAL LEBEME ABEMA HORMEKU Notary Public, State of Ikinois Commission No. 624413 My Commission Expires April 21, 2029

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 245584

CLASS: B

EYPIRES.

ACCOUNT NO. 245564	CLASS: B	EXPIRES: 09/30/2025
OWNER NAME		LOCATION
ERIK CARBERRY		5080 HWY 60 EAST MULBERRY
BUSINESS NAME AND MAILING ADD HERITAGE CRYSTAL CLEAN, LL HERITAGE CRYSTAL CLEAN, LLC 2000 CENTER DR E HOFFMAN EST, IL 60192-5005		CODE ACTIVITY TYPE  220050 WASTEWATER TREATMENT PLANT 810000 LTD OTHER SERVICES  PROFESSIONAL LICENSE (IF APPLICABLE)
OFFICE OF JOE G. TEDDER, CFC * TA	AX COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY; DISPLAYED AT THE BUSINESS LOCATION * 1865 *

PAID - 2595457 09/10/2024 OPY

OLP 57.75

HERITAGE CRYSTAL CLEAN, LLC

DEPARTMENT OF	DONCER	Wast	, POLK CO	<b>UNTY F</b>	LORIDA NO 9	7827
ECEIVED FROM	ustal	Clean	LAKC		Date 10101	20
EIRID						
FUND	COST CENTER	<u> </u>	ACCOUNT		PROJEC	T
				<u> </u>		
OR:	anchise.	ree - 1	Hoblicas	5	750.1	77.7
				s		
				\$		
/						
				\$		
ASH HECK MISED 05/12	BY VERDINGS	Lepin	-Corant	TOTAL	9750.	00
KING NO WE WAY						
Crystal Clean, LLC Crystal Clean, LLC 2000 Center Drive Suite East C300 Hoffman Estates IL 60192 United States	Bank of Amer	ica - Northbrook \$ 8/26/2025			70-2328/719 <b>PAY AMOUNT</b>	
Crystal Clean, LLC 2000 Center Drive Suite East C300 Hoffman Estates IL 60192 United States		8/26/2025	*************************			1472119 \$750.00***
Crystal Clean, LLC 2000 Center Drive Suite East C300 Hoffman Estates IL 60192 United States  PAY Seven hundred f  To The Order Of  POLK CO 10 ENVIR	DATE	8/26/2025			Mark?	\$750.00***
Crystal Clean, LLC 2000 Center Drive Suite East C300 Hoffman Estates IL 60192 United States  PAY Seven hundred f  To The Order Of POLK CO 10 ENVIR WINTER H	DATE  ifty and 00/100*********************************	8/26/2025	É FLORIDA	5285	Mark?	\$750.00***
Crystal Clean, LLC 2000 Center Drive Suite East C300 Hoffman Estates IL 60192 United States  PAY Seven hundred f  To The Order Of POLK CO 10 ENVIR WINTER H	DATE  ifty and 00/100*********************************	8/26/2025 SION OF THE STATE O	É FLORIDA	<b>15285</b>	PAY AMOUNT  Mark  Check	\$750.00***

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