ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

BIOHAZARDOUS MEDICAL WASTE TRANSPORTER REGISTRATION NO. TR 040716.01

In accordance with Arizona Administrative Code Title 18, Chapter 13, Article 14

Registration issued to: **BioMedical Waste Solutions L.L.C**

Company or Entity Name (Transporter Name)

This Registration for Arizona Biohazardous Medical Waste Transporter is issued to the above named company or entity, and is to be used for transport of biohazardous medical waste in accordance with AAC R18-13-1401 et.seq. This registration is deemed effective on the Issue Date below, and expires on the Expiration Date below (5 years after the Issue Date).

This registration is granted based upon the information provided in the Application for Arizona Biohazardous Medical Waste Transporter Registration. This registration does not relieve the registrant from the requirement to obtain permits and related vehicle inspections from the counties or local governments within which biohazardous medical waste will be transported. This registration is not transferable from one company or entity to another.

Shannon M. Davis, Director
Waste Programs Division

ISSUE DATE: 07/16/2004
EXPIRATION DATE: 07/15/2009

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 10/7/2005

PRODUCER RUSSO AND ASSOCIATES INSURANCE
5777 S RURAL RD #2

TEMPE AZ 85283
(480) 756-8871

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
BIOMEDICIAL WASTE SOLUTION LLC
1561 E ALBA DRIVE
CASA GRANDE, AZ 85222

INSURERS AFFORDING COVERAGE
INSURER A: EVEREST INDEMNITY INS
INSURER B: NATINAL LLIABILITY AND FIRE INS CO
INSURER C:
INSURER D:
INSURER E:

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	4000004387	9/26/2005	9/26/2006	EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 100,000
					MED EXP (Any one person)	$ 5,000
					PERSONAL & ADV INJURY	$ 1,000,000
					GENERAL AGGREGATE	$ 2,000,000
					PRODUCTS - COMP/OP AGG	$ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	73APN310430	9/26/2005	9/26/2006	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
					AGGREGATE	$
						$
						$
						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE - EA EMPLOYEE	$
					E.L. DISEASE - POLICY LIMIT	$
	OTHER					

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

BIOMEDICAL WASTE PICKUP - INCLUDES CONTRACROS POLLUTION LIABILITY COVERAGE. THE CITY OF PHOENIX SHALL BE NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHAVE OF THE CONTRACTOR, INCLUDING AUTOMOBILES OWNED , LEASED, HIRED OR BORROWED BY THE CONTRACTOR.

CERTIFICATE HOLDER

CITY OF PHOENIX IFB05-248

251 W WASHINGTON STREET
PHOENIX, AZ 85003-2299

ADDITIONAL INSURED; INSURER LETTER: 1

CANCELLATION

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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SCF of Arizona
Workers' compensation insurance

Certificate of Insurance

Certificate Mailed To:

UNIVERSITY OF ARIZONA
UNIVERSITY SERVICES ANNEX, BLDG 300A
PROCUREMENT AND CONTRACTING SERVICES
TUCSON AZ 85721

Name of Insured:

Bio Medical Waste Solutions LLC
5025 N Central Ave Ste 433
Phoenix AZ 85012

Date Issued:	01/31/2006
Certificate Number:	1
Policy Number:	496705
Origin Date:	02/01/2006
Expiration Date:	02/01/2007
Liability Limits:	1000/1000/1000
	(000 Omitted)

Proof of Coverage

Medical waste pick up and disposal @ various Arizona locations.

Job Number: **Location:**

Should the above policy be canceled by the State Compensation Fund before the expiration date thereof, the State Compensation Fund will endeavor to mail 30 days written notice to the above named Certificate Holder; but failure to mail such notice shall impose no obligation or liability of any kind upon the State Compensation Fund.

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 policy listed hereon. This is to certify a workers' compensation policy has been issued to the insured listed hereon and is in force for the period referenced.

Certificate Issued To:

University of Arizona
University Services Annex, Bldg 300A
Procurement and Contracting Services
Tucson AZ 85721

Greg Hamm

Authorized Representative

61-610 01/20/2006