



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KM

DATE (MM/DD/YYYY)
01/03/12

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 The Horton Group, Inc. www.thehortongroup.com 10320 Orland Parkway Orland Park, IL 60467 Team Johnson		708-845-3000	CONTACT NAME: Corinne Burnett PHONE (A/C, No, Ext): 312-917-8605 E-MAIL ADDRESS: corinne.burnett@thehortongroup.com PRODUCER CUSTOMER ID #: TRADE10	FAX (A/C, No): 312-324-9205
INSURED Tradebe GP Tradebe Treatment and Recycling, LLC 4343 Kennedy Ave East Chicago, IN 46312		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Commerce & Industry Ins. Co.		
		INSURER B : Chartis Specialty Ins. Co		40258
		INSURER C : New Hampshire Insurance Co.		
		INSURER D : Commerce & Industry Ins. Co.		
		INSURER E :		
		INSURER F :		

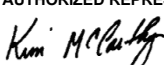
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Binkt Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			EG5844365	12/31/11	12/31/12	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Emp Ben.	\$ 1,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 Endt			CA5844367	12/31/11	12/31/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp Ded	\$ 3,000
							Coll Ded	\$ 3,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			EGU5844366	12/31/11	12/31/12	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 25,000,000
								\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC025889244	12/31/11	12/31/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
				WC025889245	12/31/11	12/31/12	E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Pollu Legal Liab Claims Made Form			EG5844365	12/31/11	12/31/12	Aggregate	30,000,000
							Each Loss	10,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FORIN-1 FOR INFORMATION ONLY	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 
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NOTEPADINSURED'S NAME **Tradebe GP**TRADE10
OP ID: KMPAGE 2
DATE 01/03/12**Contractor's Operations And Professional Services Environmental Liability**

Chartis Specialty Insurance Co.

Policy #COPS1955787

Policy Term: 12/31/11 to 12/31/12

Limit of Liability: \$5,000,000 each claim

\$5,000,000 aggregate

Claims Made form

Worker's Compensation (CA)

Commerce & Industry Ins. Co

Policy #WC025889246

Policy Term: 12/31/11 to 12/31/12

EL - Each Accident \$1,000,000

EL Disease - Policy Limit \$1,000,000

EL Disease - Each Employee \$1,000,000

Additional Named Insureds:

Tradebe GP

Tradebe Capital Corporation

Tradebe Environmental Services, LLC

Tradebe Treatment and Recycling LLC (old Pollution Control Industries)

Tradebe Treatment and Recycling of Tennessee LLC (old Pollution Control Industries of TN)

Tradebe Industrial Services LLC (old Petrochemical Services, Inc.)

Tradebe Onsite Services, LLC (old Recovery & Recycling Solutions, Inc.)

Thunderbird Trucking LLC

Liberty Mutual; 3C242151008; 4-21-11 to 4-21-12;

\$450,000 leased/rented/owned equipment

Lexington Insurance Company

Excess Umbrella

Policy #028339607

Each Occurrence: \$5,000,000

Aggregate: \$5,000,000

12/31/11-12/31/12