

## **RINECO CERTIFICATE OF INSURANCE INFORMATION**

### **Certificate of Liability Insurance**

Coverage:    General Liability  
                 Commercial General Liability  
                 Claims Made  
                 Pollution Legal  
                 Professional Liability

See copy of Certificate

### **Certificate of Liability Insurance**

Coverage:    Workers Compensation and Employers' Liability

See copy of Certificate

### **Certificate of Liability Insurance**

Coverage:    Automobile Liability  
                 Any Auto  
                 Other  
                 Hired Car Physical Damage

See copy of Certificate

**CERTIFICATES OF INSURANCE ARE DATE SENSITIVE.  
CURRENT COPIES PROVIDED UPON REQUEST.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DK RINEC-1  
 DATE (MM/DD/YY) 09/03/99

PRODUCER  
**Aon Risk Services, Inc. of AR**  
 P.O. Box 3870  
 Little Rock AR 72203  
 Phone: 501-374-9300

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.

INSURERS AFFORDING COVERAGE

INSURED  
**Rineco Chemical Industries Inc**  
 P. O. Box 729  
 Benton AR 72015

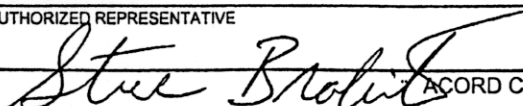
INSURER A: **Commerce & Industry Insurance**  
 INSURER B: **American International**  
 INSURER C:  
 INSURER D:  
 INSURER E:

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	GLCM3407780	09/01/99	09/01/02	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 250,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 10,000,000
					GENERAL AGGREGATE	\$ 10,000,000
					PRODUCTS - COMP/OP AGG	\$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
B	Pollution Legal	PLS2679215-DED \$100K	09/01/99	09/01/02	15000,000	per loss &
	Professional Liab.	COPS2679216-DED \$25K	09/01/99	09/01/02	15000,000	per aggr.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 This certificate is to be viewed for information only.

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
PROOF OF INSURANCE		BLANK-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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	

NO.310226

**CASUALTY INSURANCE  
BINDER**



WITH RESPECT TO GL COVERAGE, THIS POLICY PROVIDES  Claims Made  Occurrence

INSURED Rineco Chemical Industries, Inc.

ADDRESS P.O. Box 729; Benton, AR 72018

Pending the issuance of the policy or policies of the type or types described below, LIBERTY MUTUAL INSURANCE GROUP agrees to insure the insured, but only for the coverages indicated, in accordance with the provisions of the policy or policies in current use by it. The limit of the Company's Liability or Amount of Insurance against each such coverage shall be stated herein, subject to all the terms of the policy having reference thereto, and no insurance is provided for coverages for which no such limit or amount is stated. Issuance of the executed policy or policies voids this binder as of the effective date of such policy.

This binder may be cancelled (1) by the company by written notice to the insured at the address shown above stating when thereafter such cancellation shall be effective, or (2) by the insured by mailing written notice to the company stating when thereafter such cancellation shall be effective.

This binder shall be effective on 3/17/2002 at 12:01 A.M., and unless previously cancelled, shall expire on 5/17/2002 at 12:01 A.M., Standard Time, at the address of the insured.

POLICY SYMBOL	POLICY NUMBER (TO BE ASSIGNED)	TYPE OF POLICY	LOCATION NUMBER	LOCATIONS TO WHICH BINDER APPLIES
WC		Workers Compensation		AR, CO, CT, GA, IL, IN, KS, LA, MI, MN, NC, NY, OH, OK, TX, VA

**LIMITS OF LIABILITY FOR WORKERS' COMPENSATION, EMPLOYERS' LIABILITY AND GENERAL LIABILITY :**

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	POLICY SYMBOL	SPECIAL PROVISIONS OR AMOUNTS OF INSURANCE FOR OTHER CASUALTY POLICIES
STATES COVERED AR, CO, CT, GA, IL, IN, KS, LA, MI, MN, NC, NY, OH, OK, TX, VA LIMIT OF LIABILITY - COVERAGE B BODILY INJURY BY ACCIDENT \$ <u>1,000,000</u> EACH ACCIDENT BODILY INJURY BY DISEASE \$ <u>1,000,000</u> POLICY LIMIT BODILY INJURY BY DISEASE \$ <u>1,000,000</u> EACH PERSON		

BI & PD LIMITS				OTHER LIMITS			
POL. SYM	LOC. NO.	GEN'L AGGREGATE Other than Prod/Comp Op	PRODUCTS/COMP. OPS AGGREGATE	EACH OCCURRENCE	FIRE LEGAL LIAB. Per Fire *	MEDICAL PAYMENTS *	PERS/ADV. INJURY Per Person or Org.

DEDUCTIBLE \$ NONE Retroactive Date is as defined in the policy and is the same as the effective date unless otherwise stated herein.  
 RETROACTIVE DATE  \* Subject to occurrence limit.

This binder when duly countersigned is issued on behalf of LIBERTY MUTUAL INSURANCE GROUP, herein referred to as the Company as respects the indicated coverages under forms customarily written in such Company.

**Liberty Mutual Insurance Group**

*Barry L. Silvan*  
SECRETARY

*Edmund F. Kelly*  
PRESIDENT

*Walter C. Stickney*  
Countersigned By Authorized Representative

SALES REP AND SALES OFFICE	
Zihala	0988
POLICY ISSUING OFFICE	NEW OR REN
Lewiston	New
TYPED BY	DATE
CL	3/6/02

**Liberty Mutual Insurance Group**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
11/02/2001

PRODUCER (501)778-9162 FAX (501)778-0533

Thomas Insurance Agency  
114 East Conway Street  
P O Box 49  
Benton, AR 72018-0049

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### INSURERS AFFORDING COVERAGE

INSURED **Rineco Chemical Industry**  
P O Box 729  
Inc  
Benton, AR 72018

INSURER A: **St. Paul Fire & Marine**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

### COVERAGES

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>CA00300717 - ALL STATES EXCEPT:</b> <b>CA00300703 (VIRGINIA)</b> <b>CA00300718 (TEXAS)</b>	11/01/2001 11/01/2001 11/01/2001	11/01/2002 11/01/2002 11/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ <b>5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>OTHER HIRED CAR PHYSICAL DAMAGE</b>	<b>CA 00300717</b>	11/01/2001	11/01/2002	<b>Comprehensive Ded \$100</b> <b>Collision Ded \$500</b>

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

FOR INFORMATION PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Shannon Lancaster/LWARFO

