



City of Port St. Lucie  
Procurement Management Division  
India Barr Procurement Contracting Officer, II  
121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984

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**[VEOLIA ENVIRONMENTAL LLC] RESPONSE DOCUMENT REPORT**

IFB No. 20250181

Mercury Float Switch Disposal

RESPONSE DEADLINE: August 11, 2025 at 3:00 pm

Report Generated: Monday, August 11, 2025

**Veolia Environmental LLC Response**

**CONTACT INFORMATION**

**Company:**

Veolia Environmental LLC

**Email:**

randall.williams@veolia.com

**Contact:**

Randall Williams

**Address:**

342 Marpan Lane  
Tallahassee, FL 32305

**Phone:**

N/A

**Website:**

N/A

**Submission Date:**

Aug 11, 2025 9:03 AM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Aug 11, 2025 1:00 PM by Randall Williams*

## QUESTIONNAIRE

### 1. Mandatory Forms

#### CONTRACTOR'S GENERAL INFORMATION WORKSHEET\*

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- [PSL- Contractor's General I...](#)

Completed\_Contractors\_General\_Information\_Worksheet\_8-8-25.pdf

#### E-VERIFY FORM \*

Please download the below documents, complete, and upload.

- [E-Verify Form.pdf](#)

E-Verify\_Notorized.pdf

#### NON-COLLUSION AFFIDAVIT \*

Please download the below documents, complete, and upload.

- [Non-Collusion Affidavit-fil...](#)

Non\_Collusion\_Notorized.pdf

#### SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

- [Supplier Location Certifica...](#)

No response submitted

#### COPY OF W-9\*

2025\_Veolia\_W-9.pdf

#### COPY OF CERTIFICATE OF INSURANCE \*

IMG\_0145.jpg

#### COPY OF LICENSES OR CERTIFICATIONS\*

FL\_Audit\_Package\_Appendices\_June\_25.docx

#### COPY OF BID BOND \*

Bid\_Bond.pdf

## 2. Electronic Confirmation

#### CONE OF SILENCE AND COMMUNICATION DOCUMENT\*

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal,

until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

#### CONTRACTOR'S CODE OF ETHICS\*

The City of Port St Lucie ("City"), through its Procurement Management Division ("Procurement Management Division") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.

◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.

◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:

- o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.

- o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.

- o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

#### DRUG FREE WORKPLACE\*

The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

#### AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS\*

In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder ("Entity"), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

#### VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION\*

Sections [287.135](#) and [215.473](#), Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725 also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

[https://www.sbafla.com/media/mqodaonn/2024\\_12\\_17\\_-israel-scrutinized-companies-list-for-web.pdf](https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf)

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars (\$1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OUTLINED IN THIS SOLICITATION, INCLUDING ALL ADDENDA, NOTICES, AND THE QUESTION & ANSWER SECTION. FURTHERMORE, I CONFIRM THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.\*

Confirmed

## PRICE TABLES

### SCHEDULE A

Mercury Float Switch Disposal

[VEOLIA ENVIRONMENTAL LLC] RESPONSE DOCUMENT REPORT

IFB No. 20250181

Mercury Float Switch Disposal

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| Line Item    | Description                                                                                                               | Quantity | Unit of Measure | Unit Cost  | Total               |
|--------------|---------------------------------------------------------------------------------------------------------------------------|----------|-----------------|------------|---------------------|
| 1            | Initial bulk pick up of approximately 100,000 Mercury Float Switches in 1 cubic yard Gaylord (boxes provided by the city) | 66       | box (1 cu yd)   | \$5,050.00 | \$333,300.00        |
| 2            | Continuous quarterly pick up and disposal of Mercury Float Switches in 55 gal drums                                       | 3        | 55 gal drum     | \$2,134.00 | \$6,402.00          |
| <b>TOTAL</b> |                                                                                                                           |          |                 |            | <b>\$339,702.00</b> |



## CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers

Name: Veolia North America

Address: 100 Federal St. Boston, MA 02110

Telephone Number: 617-849-6600

Fax Number:

3. Contact person: Randy Williams Email: randall.williams@veolia.com

4. Firm's previous names (if any). \_\_\_\_\_

5. How many years has your organization been in business? 26 Years

6. Is the firm claiming Local Preference under City Ordinance 35.12? NO

7. List the license(s) that qualifies your firm to construct this project:

See attached Audit Package

10. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: Kingsland Municipal Utility District- Yearly Pickup of Mercury Floats

Description: 4 Drums of Mercury Float Switches picked up on a yearly basis

Location: Kingsland Municipal Utility District- Kingsland, TX

Client Name, Phone Number & Email: Pete Williams 325-388-4559

[pwilliams@kingslandmud.com](mailto:pwilliams@kingslandmud.com)

Value of Total Contract: \$30,000

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: \$0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

#### Project Number 2

Project Name: City of Horseshoe Bay- Mercury Float Switches

Description: Provide pickups of mercury float switches for the City of Horseshoe Bay every 2-4 years

Location: City of Horseshoe Bay Horseshoe Bay, TX

Client Name, Phone Number & Email: George Watson (830)598-9910

[gwatson@horseshoe-bay-tx.gov](mailto:gwatson@horseshoe-bay-tx.gov)

Value of Total Contract: \$10K+ thus far with 3 pickups

Date of Completion: June 2023 was latest pickup

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: \$0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

#### Project Number 3

Project Name: UCOR

Description: Universal Waste Recycling/ Disposal

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Location: Oak Ridge, TN

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Client Name, Phone Number & Email: Michael Kane, 865-803-7254,  
[Michael.kane@orcc.doe.gov](mailto:Michael.kane@orcc.doe.gov)

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Value of Total Contract: \$50,000.00 Annually

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Date of Completion: On going

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: NA

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Value of Change Orders: NA

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Was Project Completed on Schedule: On going

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Was Project Completed within Budget? Yes

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Project Number 4

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Project Name: Duke Energy

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Description: Universal Waste Recycling/ Disposal

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Location: Wildwood, FL

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Client Name, Phone Number & Email: Jerry Devlin 904-466-8403, [Jerry.devlin@duke-energy.com](mailto:Jerry.devlin@duke-energy.com)

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Value of Total Contract: \$90,000.00 Annually

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Date of Completion: On going

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Firm's Percentage of Total Contract: 100%

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Number of Change Orders: NA

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Value of Change Orders: NA

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Was Project Completed on Schedule: On going

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Was Project Completed within Budget? Yes

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Project Number 5

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Project Name: Perma Fix

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Description: Universal Waste Recycling/ Disposal

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Location: Gainsville, FL

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Client Name, Phone Number & Email: Kevin Schmuggerow 404-989-1665

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Value of Total Contract: \$50,000.00 Annually

---

Date of Completion: On going

---

Firm's Percentage of Total Contract: 100%

---

Number of Change Orders: NA

---

---

Value of Change Orders: NA

---

Was Project Completed on Schedule: On going

---

Was Project Completed within Budget? Yes

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11. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.  
Scott Fulton, Operations Supervisor  
Leann Lund, Technical Customer Service Supervisor  
Randy Williams, Account Manager  
Chris Green, Inside Sales

12. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: NA

---

---

Project Number 1

---

Project Name:

---

Project Location:

---

Client Name and Phone Number:

---

Engineer Name and Phone Number:

---

Date:

---

Reason:

---

Insert additional projects if needed.

---

13. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ( )

No ( x )

If yes, please explain:

---

14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NO

(N/A is not an acceptable answer - insert lines if needed)

15. List any judgments from lawsuits in the last five (5) years: None

(N/A is not an acceptable answer - insert lines if needed)

16. List any criminal violations and/or convictions of the Proposer and/or any of its principals:  
\_None\_

(N/A is not an acceptable answer - insert lines if needed)

17. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

NA



Signature

Account Manager  
Title



### E-Verify Form

#### Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number Company ID #814132, Employer ID # 262756568

Date of Authorization 8-7-25

Name of Contractor Veolia North America

Name of Project Mercury Float Switch Disposal

Solicitation Number (If Applicable) NA

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on August, 8<sup>th</sup>, 2025 in Tampa (city), FL (state).

[Signature]  
Signature of Authorized Officer

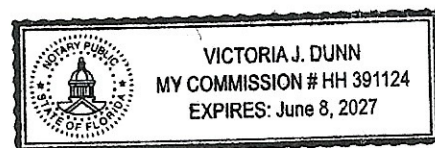
Randall J Williams Account Manager  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 8<sup>th</sup> DAY OF August, 2025.

NOTARY PUBLIC [Signature]

My Commission Expires: 06/07/2027





**NON-COLLUSION AFFIDAVIT**

State of Florida }

County of Leon }

Randall J Williams, being first duly sworn, disposes and says that:  
(Name/s)

1. They are Account Manager of Veolia North America the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



(Signed) [Signature]  
(Title) Account Manager

STATE OF FLORIDA }  
COUNTY OF ST. LUCIE } SS:

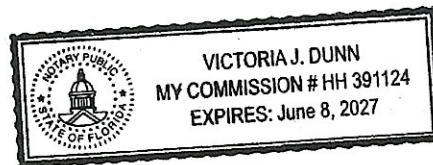
The foregoing instrument was acknowledged before me this (Date) 8.8.2025

by: Randall J Williams who is personally known to me or who has produced  
Drivers License as identification and who did (did not) take an oath.

Commission No. HH 391124

Notary Print: Victoria J. Dunn

Notary Signature: [Signature]



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Print or type.<br>See Specific Instructions on page 3.        | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)<br><b>Veolia North America, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                               | <b>2</b> Business name/disregarded entity name, if different from above.<br><b>Veolia ES Technical Solutions, LLC (36-4287998)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                               | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ |  |
|                                                               | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <b>5</b><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>E</b><br><i>(Applies to accounts maintained outside the United States.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                               | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                               | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.<br><b>53 State Street, 14th Floor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>6</b> City, state, and ZIP code<br><b>Boston, MA 02109</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>7</b> List account number(s) here (optional)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Requester's name and address (optional)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |   |   |   |   |   |   |   |   |
|                                       |   |   | - |   |   |   | - |   |   |
| <b>or</b>                             |   |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |   |   |   |   |   |   |   |   |
| 1                                     | 3 | - | 4 | 0 | 3 | 8 | 0 | 6 | 2 |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                      |                         |
|------------------|------------------------------------------------------|-------------------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b><br><i>Kelly Buge</i> | <b>Date</b><br>1/2/2025 |
|------------------|------------------------------------------------------|-------------------------|

827D2E78749E435...

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Anchor Scientific

Long Lake, Minn.

Listed E61894 S.P. LA 4300

250V Ind. Cont. Eq.

120VA at 120 VAC 1P 60 HZ

TYPE SM NO SPST



# Appendices

342 Marpan Lane / Tallahassee, FL 32305

Revised 06/2025

[www.veolianorthamerica.com](http://www.veolianorthamerica.com)



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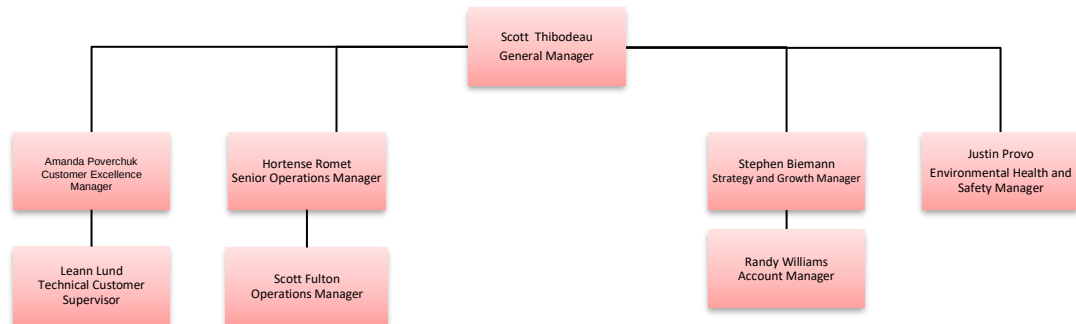
## **Appendix A- Facility Specific Information**



## Facility Overview

Veolia ES Technical Solutions, L.L.C  
Electronics Recycling Division  
342 Marpan Lane  
Tallahassee, FL 32305  
USEPAID#: FLO000207449  
Tel: (850) 877-8299

## Facility Organizational Chart



## Facility Key Contacts

| Name           | Title                                | Phone          | Email                       |
|----------------|--------------------------------------|----------------|-----------------------------|
| Scott Fulton   | <i>Operations Manager</i>            | (262) 225-1043 | scott.fulton@veolia.com     |
| Leann Lund     | <i>Technical Customer Supervisor</i> | (850) 877-8299 | leann.lund@veolia.com       |
| Justin Provo   | <i>EHS Manager</i>                   | (262) 225-1043 | justin.provo@veolia.com     |
| Randy Williams | <i>Account Manager</i>               | (850) 408-6082 | randall.williams@veolia.com |



## Facility Background

### Tallahassee, FL

Facility Contact: Scott Fulton  
Facility Phone: (850) 877-8299  
Location: 342 Marpan Ln  
City: Tallahassee  
Country: USA  
State: FL  
Zip Code: 32305  
USEPA ID#: FL0000207449  
State Regulatory Agency: <http://www.dep.state.fl.us>

### Facility Permit Summary:

| Part B Permit or Solid Waste Permit Number, Date of Issuance, and Expiration Date | Air Permit Number and Expiration Date                                   | NPDES Permit Number and Expiration Date          | Wastewater Discharge Permit Number and Expiration Date | TSCA Permit Number, Date of Issuance, and Expiration Date |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| <b>#71455-HO-014</b><br><br>Issued: 08/04/2021<br>Expires: 09/26/2026             | <b>#0730094-009-AG</b><br><br>Issued: 10/15/2021<br>Expires: 10/15/2026 | <b>#FLR05F873-005</b><br><br>Expires: 04/30/2029 | N/a                                                    | N/a                                                       |

### Facility Description:

The facility is located on a 3.2 acre site within an industrial park located to the south of the City of Tallahassee. Prior to construction of the industrial park the property was undeveloped. The nearest residential property is greater than ½ mile north of the facility. There are two churches located within ½ mile of the facility and the nearest school is greater than one mile from the facility. There are several small ponds in the area of the facility with the closest pond being approximately ¼ mile to the south of the facility. The facility is bordered to the north and west by the Apalachicola National Forest and to the south and east by industrial properties. Due to the site's location south of the City of Tallahassee, a small population (~250 people) live within one mile of the facility.

The facility comprises two buildings with the primary building occupying a total of 10,000 square feet of processing and office space. The building is used to receive and process lamps and mercury containing devices for recycling. There are separate rooms for lamp processing and mercury retort operations. South of the main building is an additional 2500 square feet dedicated to computer electronics and battery sorting, consolidation and storage. The SIC code for the facility is 4953, Refuse Systems and the NAICS for the facility is 562211, Hazardous Waste Treatment and Disposal.

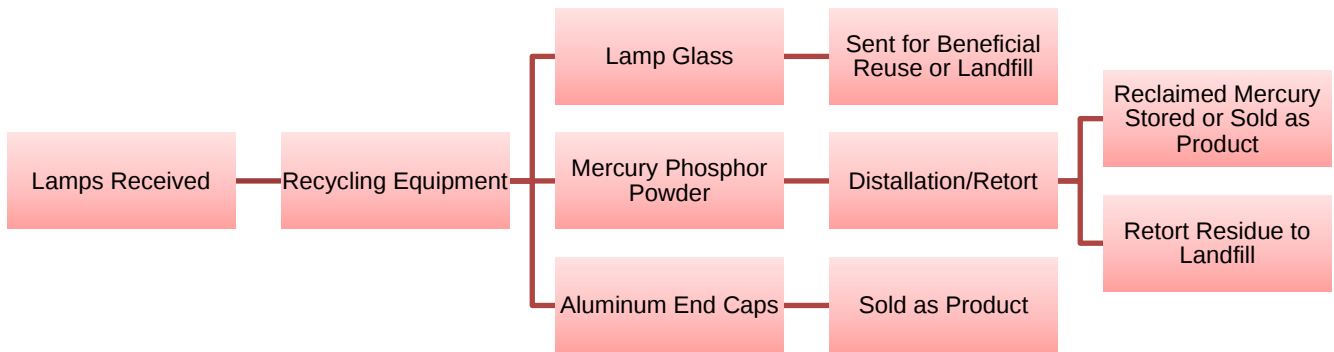
The Tallahassee facility can handle the following types of waste: Mercury bearing lamps, mercury devices, mercury compounds, mercury debris, mercury soil, mercury contaminated phosphor, lamp ballast, small PCB capacitors (<9lbs), all types of batteries, computers and electronics.



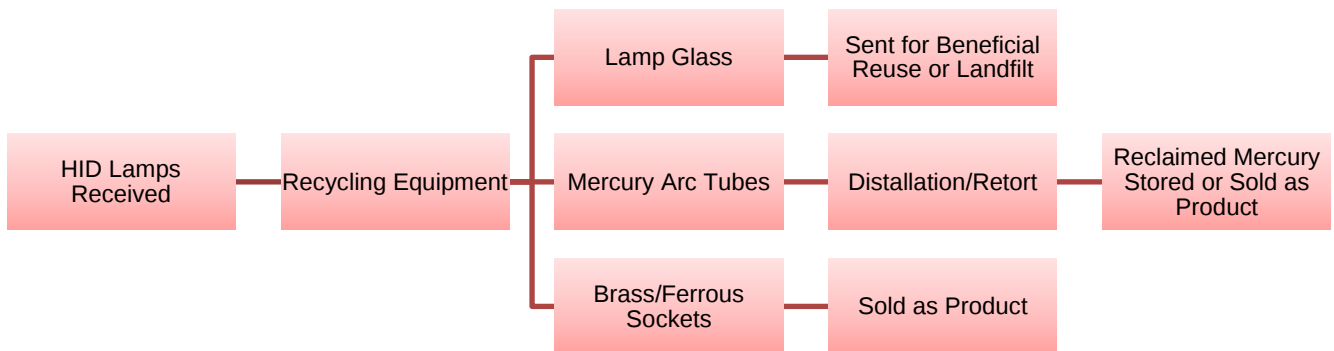
## **Appendix B- Process Flow Diagrams**



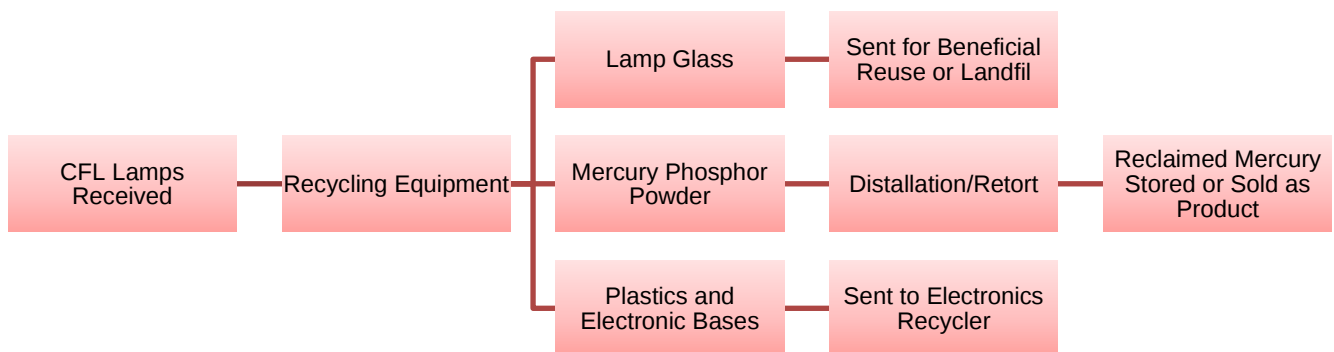
**Figure #1 - Mercury Bearing Lamp Material Process Flow**



**Figure #2 - HID Lamp Material Process Flow**

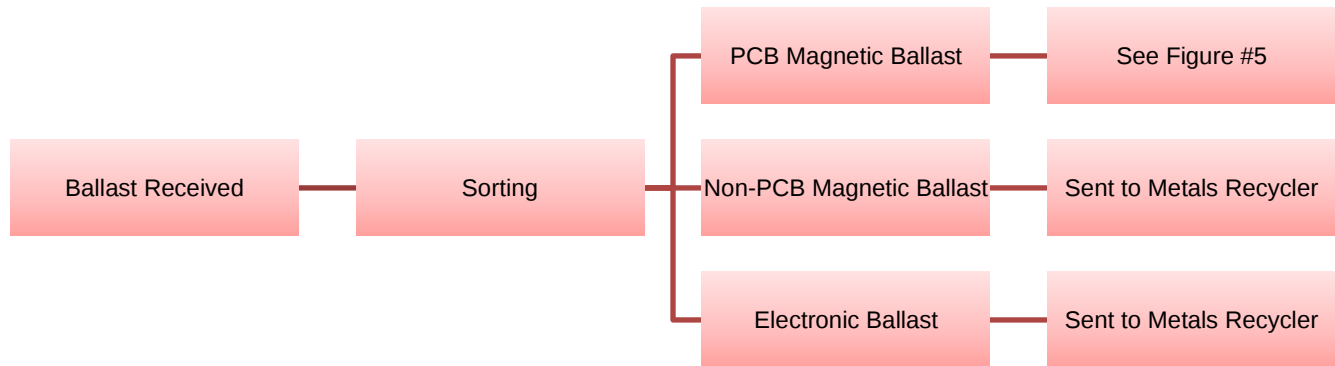


**Figure #3 - CFL Lamp Material Process Flow**

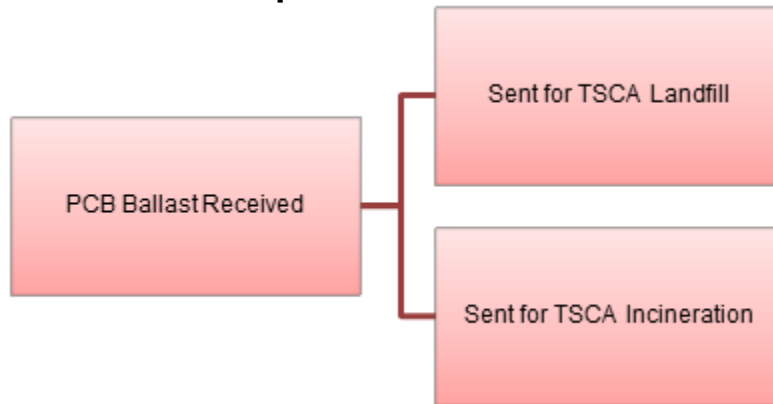




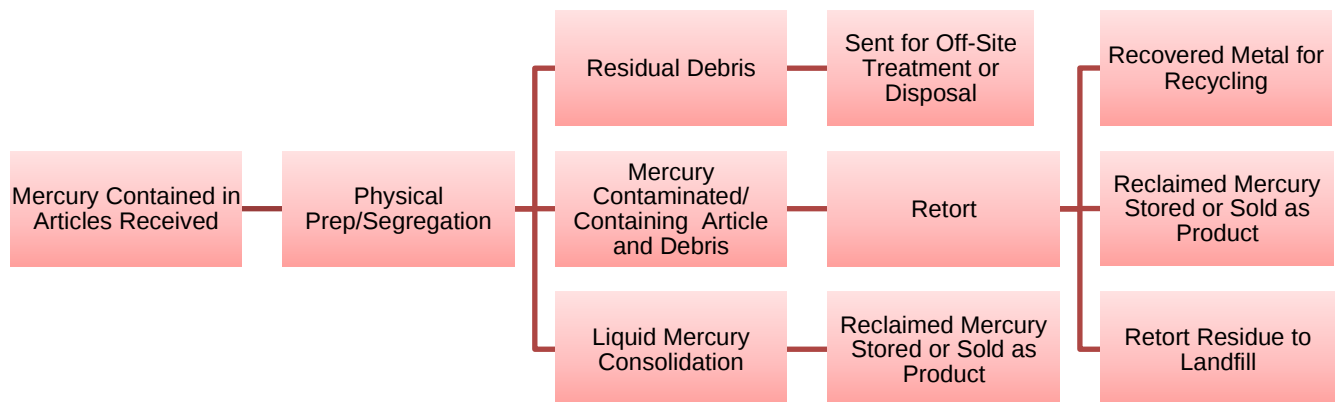
**Figure #4 - Lamp Ballast Process Flow**



**Figure #5 - PCB Ballast Disposal or Incineration Process Flow**

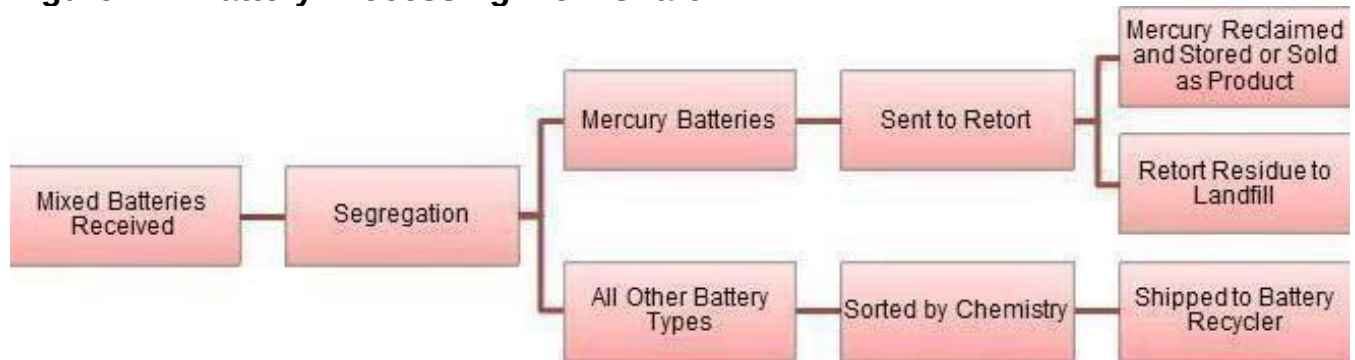


**Figure #6 - Mercury Contained in Articles Processing Flow Chart**

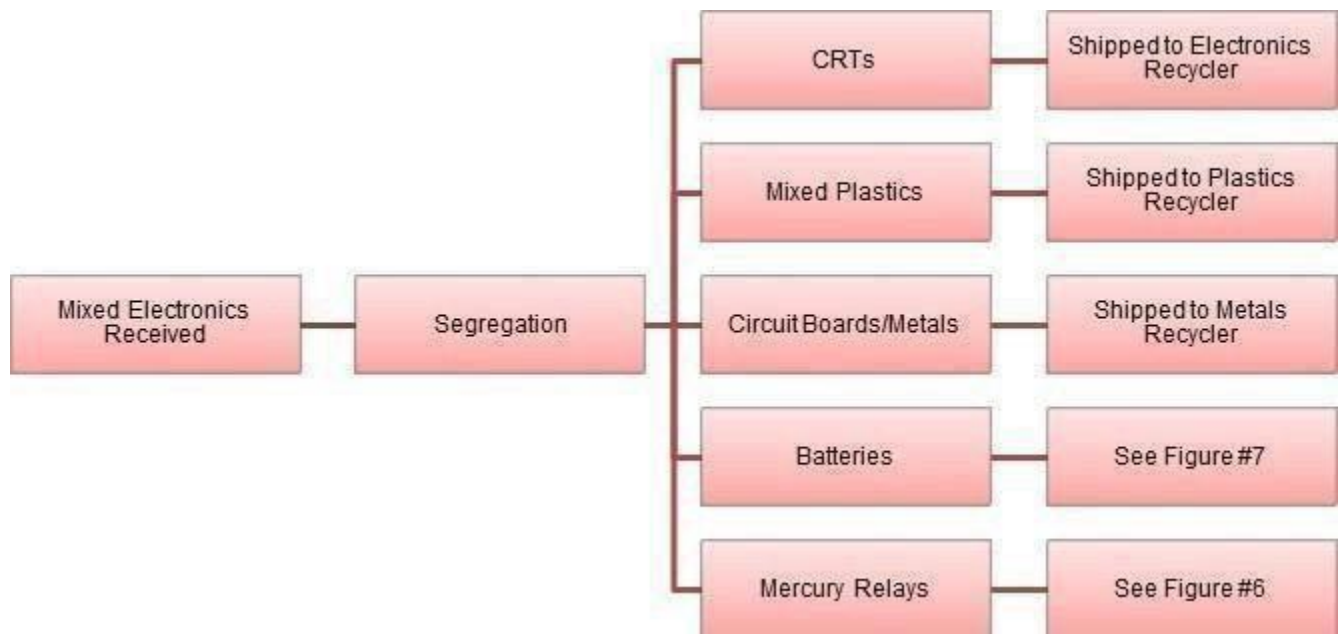




**Figure #7 - Battery Processing Flow Chart**



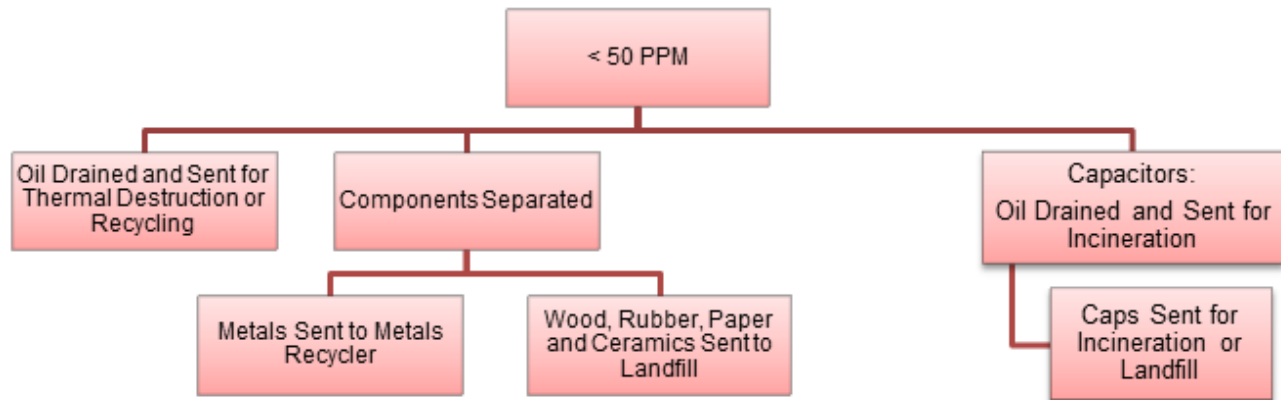
**Figure #8 - Electronics Processing Flow Chart**



**Figure #9 - Electrical Equipment Containing PCBs <50 PPM Processing Flow Chart**

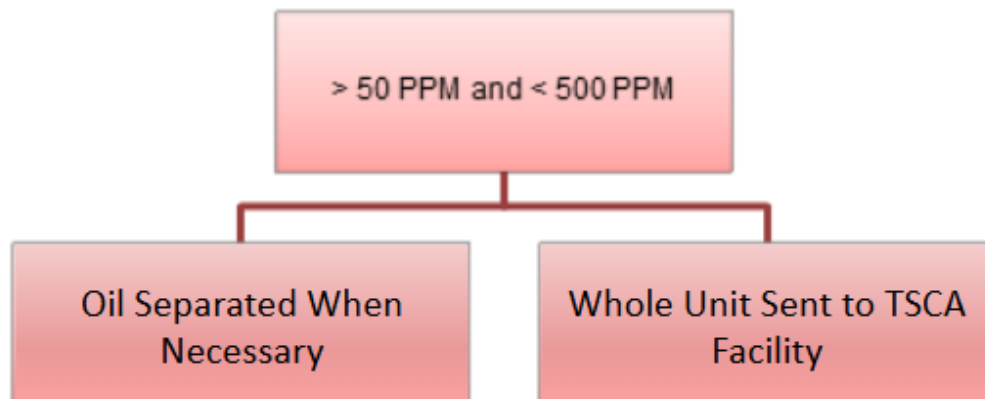


**(Recycling)** All materials are sorted at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility.



**Figure #10 - Electrical Equipment Containing PCBs >50 PPM and <500 PPM Processing Flow Chart**

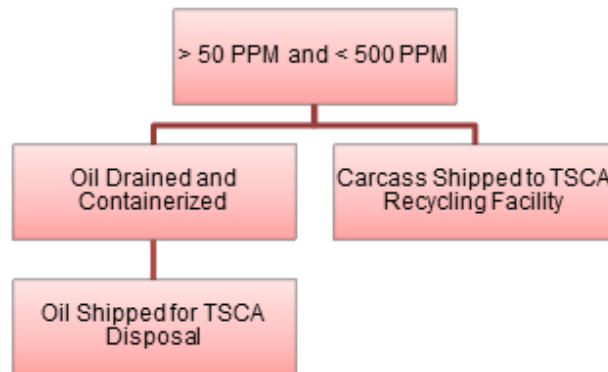
**(Recycling/Landfill/Incineration)** All materials are processed/sorted at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility



**Figure #11 - PCB Transformers Containing PCBs >50 PPM and <500 PPM Processing Flow Chart**

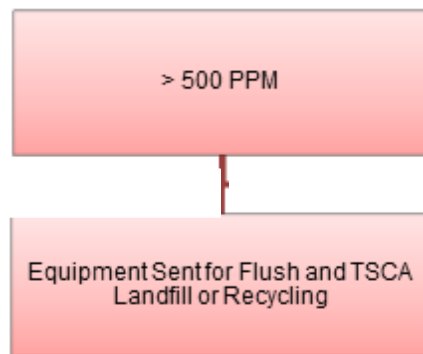


**(Recycling/Landfill/Incineration)** All materials are processed/sorted at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility.



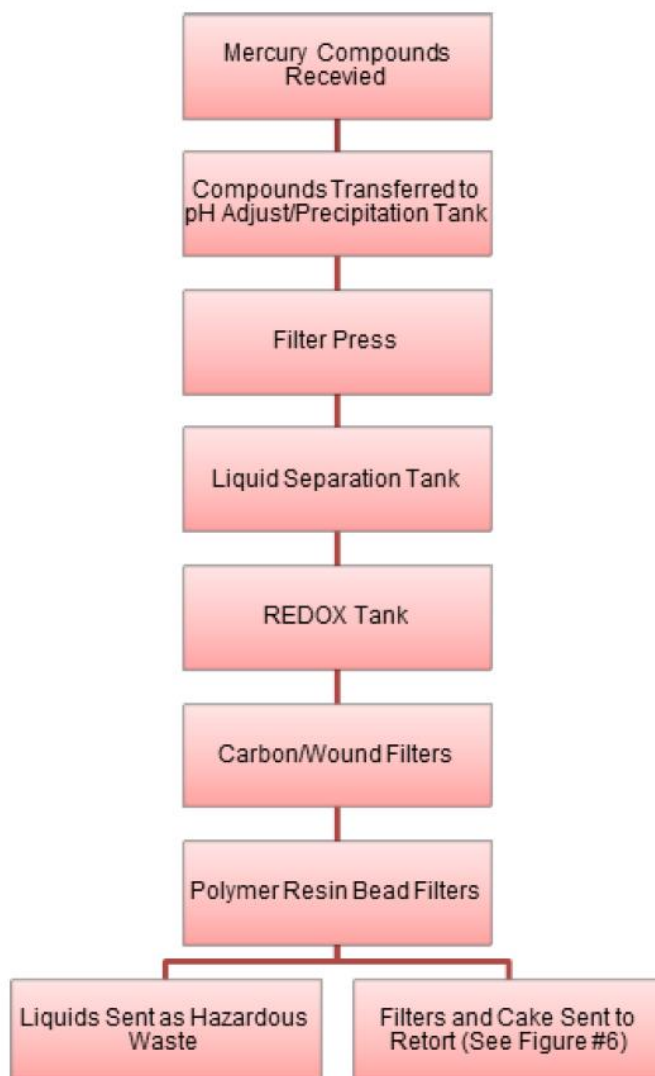
**Figure #12 - Electrical Equipment Containing PCBs >500 PPM Processing Flow Chart**

**(Recycling/Landfill/Incineration)** All materials are processed/sorted at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility



**Figure #13 - Mercury Compounds Process Flow Chart**

All materials are processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility





## **Appendix C- Approved Facilities**



## Approved Facilities

Veolia has evaluated, approved, and entered into written agreements with the sites listed below to dispose of all toxic, hazardous and non-hazardous waste. These treatment, storage, and disposal facilities are fully permitted and/or approved by the US EPA and, where appropriate, by respective state/or local agencies.

| Disposal by Incineration                                                                                                           | Materials Managed                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Veolia ES Technical Solutions, L.L.C.<br>Highway 73, 3.5 Miles W of Taylor Bayou, Port Arthur, TX 77640<br>US EPA ID: TXD000838896 | <i>PCB Debris Capacitors, PCB Oil, Potting Compound Non PCB Oil, Non PCB Debris, and RCRA Incineration</i> |
| Veolia ES Technical Solutions, L.L.C.<br>7 Mobile Avenue, Sauget, IL 62201<br>US EPA ID: WID52906088                               | <i>RCRA Incineration</i>                                                                                   |

| Disposal by Secured Landfill:                                                             | Materials Managed                                               |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| US Ecology<br>Highway 95 Beatty, NV 89003<br>US EPA ID: NVD330010000                      | <i>PCB Debris, Non PCB Debris, drained electrical equipment</i> |
| US Ecology<br>20400 Lemley Rd, PO Box 400, Grandview, ID 83624<br>US EPA ID: IDD073114654 | <i>PCB Debris, Non PCB Debris drained electrical equipment</i>  |

| Disposal by Treatment | Materials Managed |
|-----------------------|-------------------|
|-----------------------|-------------------|



US Ecology  
95, Beatty, NV 89003  
US EPA ID: NVD330010000

Highway RCRA Treatment and Debris Encapsulation

### Computer Recycling

### Materials Managed

Universal Recycling Technologies, Inc.  
2535 Beloit Avenue, Janesville, WI 53546

*Monitors, CRT, Televisions, Printer, Copies, Plastic Housings*

Broadway Metal Recycling  
3330 W. Broadway Road, Phoenix, AZ 85041

*Hubs Routers, Circuit Boards, Electronic Scrap, Hard Drives*

Hudson Technology Company  
3402 North Mattis Avenue, Champaign, IL 61821

*Refrigerant Gases*

E-Recycling  
31702 Hayman St, Hayward, CA 94544

*Hubs Routers, Circuit Boards, Electronic Scrap, Hard Drives*

### Mercury Recovery

### Materials Managed

Veolia ES Technical Solutions, L.L.C.  
1275 Mineral Springs Drive, Port Washington, WI 53074  
US EPA ID No. WID988566543

*Phosphor Powder, Mercury Salt Filter Cake*

Veolia ES Technical Solutions, L.L.C.  
342 Marpan Lane, Tallahassee, FL 32305  
FL0000207449

*Phosphor Powder, Fluorescent Lamps, HID Lamps, and Crushed lamp glass*



| Glass Recycling/Reuse                                                         | Materials Managed   |
|-------------------------------------------------------------------------------|---------------------|
| Republic SW Regional Landfill<br>4811 W. Lower Buckeye Rd., Phoenix, AZ 85043 | <i>Glass Cullet</i> |

| Metal/Cardboard/Plastics/Pallets                                                                  | Materials Managed                                     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Broadway Metal Recycling<br>3330 W. Broadway Road, Phoenix, AZ 85041                              | <i>Scrap Metals, Ferrous &amp; Non Ferrous, Wire</i>  |
| DF Goldsmith<br>909 Pitner Avenue, Evanston, IL 60202<br>US EPA ID No ILD025459157                | <i>Mercury</i>                                        |
| Trans-Cycle Industries<br>101 Parkway East, Pell City, AL. 35125                                  | <i>Drained Non-TSCA and TSCA Electrical Equipment</i> |
| Maguire & Strickland Refining, Inc.<br>1290 81st Avenue NE, Minneapolis, MN 55432<br>MND981101314 | <i>Silver X-Ray Film, Retorted Amalgam</i>            |
| Arizona Pacific Plastics<br>3245 S 36th Street, Phoenix, AZ 85040-1605 US                         | <i>Plastic Pails And Drums</i>                        |

| Batteries | Materials Managed |
|-----------|-------------------|
|-----------|-------------------|



|                                                                                                                  |                                                                                  |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Kinsbursky Brothers, Inc.(Retriev)<br>1314 N. Anaheim Blvd, Anaheim, CA 92801<br><br>US EPA ID No CAD088504881   | <i>Lead Acid Batteries – Wet And Dry Cell, Lithium and Lithium Ion Batteries</i> |
| URT – Universal Recycling Technologies<br>2535 Beloit Ave. Janesville, WI 53546<br><br>US EPA ID No NHD001085026 | <i>Various Battery Chemistry</i>                                                 |
| Cirba Solutions LLC<br>618 E. Auto Center Drive, #111, Mesa, AZ 85204                                            | <i>Various Battery Chemistry</i>                                                 |
| Maguire & Strickland Refining, Inc.<br>1290 81st Avenue NE, Minneapolis, MN 55432<br>US EPA ID: MND981101314     | <i>Silver Batteries</i>                                                          |
| Ecobat<br>1474 N. VIP Blvd. Casa Grande, AZ 85122<br><br>US EPA ID: AZR000527002.                                | <i>Lithium Ion Batteries</i>                                                     |
| Ecobat<br>720 S 7th Ave. City of Industry, CA 91746<br><br>US EPA ID: CAD066233966                               | <i>Lead Acid Batteries</i>                                                       |
| ABTC<br>100 Washington St Suite 100, Reno, NV 89503                                                              | <i>Lithium Ion Batteries</i>                                                     |
| Battery Recycling Made Easy<br>420 S River St, Calhoun, GA 30701                                                 | <i>Various Battery Chemistry</i>                                                 |

Mineral Oil from Electrical Equipment

Materials Managed



Emerald Transformer (Environmental Management  
Systems)  
2132 South 5th Avenue, Phoenix, Arizona 85003

*Bulk Dechlorination 1.0-49 PPM, Non-PCB Oil*

US EPA ID: AZR000031823



## **Appendix D- Compliance History**



## Facility Compliance

### Tallahassee, FL

Veolia is permitted to store hazardous waste. Associated with this permit, Veolia is inspected periodically by the Florida Department of Environmental Protection (DEP).

#### Agency Contacts:

| Hazardous Waste:                                                                                            | Air:                                                                                                      |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Monica Hardin</b><br><b>FLDEP</b><br><b>Phone: (850) 595-0620</b><br><b>monica.hardin@floridaDEP.gov</b> | <b>Carol Melton</b><br><b>FLDEP</b><br><b>Phone: (850) 595-0616</b><br><b>carol.melton@floridaDEP.gov</b> |

| Date       | Agency          | Program | Description of Violations | Corrective Actions                     | Status of Corrective Actions | Penalty Assessed |
|------------|-----------------|---------|---------------------------|----------------------------------------|------------------------------|------------------|
| 6/5/2019   | ADEQ            | RCRA    | 6 NOCs received.          | NOCs were corrected in a timely manner | Completed                    | None             |
| 10/16/2019 | City of Phoenix | Water   | No violations noted       | None                                   | None                         | None             |
| 7/10/2020  | City of Phoenix | Water   | No violations noted       | None                                   | None                         | None             |
| 7/30/2020  | ADEQ            | RCRA    | NOC received              | NOC Corrected in a timely manner       | Completed                    | None             |
| 10/7/2020  | Maricopa County | Air     | No violations noted       | None                                   | None                         | None             |
| 3/30/2021  | City of Phoenix | Water   | No violations noted       | None                                   | None                         | None             |



|            |                 |       |                                        |                                   |           |      |
|------------|-----------------|-------|----------------------------------------|-----------------------------------|-----------|------|
| 6/22/2021  | ADEQ            | RCRA  | No violations noted                    | None                              | None      | None |
| 2/15/2022  | City of Phoenix | Water | No violations noted                    | None                              | None      | None |
| 3/22/2022  | ADEQ            | RCRA  | 3 NOCs were received                   | NOCs Corrected in a Timely manner | Completed | None |
| 1/10/2023  | Maricopa County | Air   | No violations noted                    | None                              | None      | None |
| 3/22/2023  | ADEQ            | RCRA  | 3 NOCs were received                   | NOC Corrected in timely manner    | Completed | None |
| 8/11/2023  | City of Phoenix | Water | No violations Noted                    | None                              | None      | None |
| 4/3/2024   | ADEQ            | RCRA  | Several areas of deficiency were noted | Corrected day of inspection       | Completed | None |
| 06/27/2024 | EPA             | TSCA  | Documentation requested                | Submitted/accepted by EPA         | Completed | None |
| 07/25/2024 | City of Phoenix | Water | No violations noted                    | None                              | Completed | None |
| 01/17/2025 | Maricopa County | Air   | Documentation requested                | Submitted?accepted                | Completed | None |
| 03/17/2025 | ADEQ            | RCRA  | Alleged deficiencies were noted        | Corrected day of inspection       | Completed | None |



## **Appendix E- Certificate of Insurance**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2024

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).

| <b>PRODUCER</b><br>MARSH USA, LLC<br>155 N. WACKER, SUITE 1200<br>Chicago, IL 60601<br>Attn: Veolia CertRequest@marsh.com   Fax: 212-948-5053 | <b>CONTACT NAME:</b> Marsh   U.S. Operations<br><b>PHONE (A/C, No, Ext):</b> 866-966-4664<br><b>E-MAIL ADDRESS:</b> Chicago.CertRequest@marsh.com<br><b>FAX (A/C, No):</b> 212-948-0770                                                                                                                                                                                                                                                                                                                                                   |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|-----------------------------------------------|-------|----------------------------------------------|-------|----------------|-----|--------------------------------------|-------|-------------------------------------------------|-------|------------|--|
| <b>INSURED</b><br>Veolia ES Technical Solutions, LLC<br>1 Eden Lane<br>Flanders, NJ 07836                                                     | <b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Everest National Insurance Company</td><td>10120</td></tr><tr><td>INSURER B: Everest Premier Insurance Company</td><td>16045</td></tr><tr><td>INSURER C: N/A</td><td>N/A</td></tr><tr><td>INSURER D: Berkley Assurance Company</td><td>39462</td></tr><tr><td>INSURER E: National Fire &amp; Marine Insurance Co.</td><td>20079</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER | NAIC # | INSURER A: Everest National Insurance Company | 10120 | INSURER B: Everest Premier Insurance Company | 16045 | INSURER C: N/A | N/A | INSURER D: Berkley Assurance Company | 39462 | INSURER E: National Fire & Marine Insurance Co. | 20079 | INSURER F: |  |
| INSURER                                                                                                                                       | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER A: Everest National Insurance Company                                                                                                 | 10120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER B: Everest Premier Insurance Company                                                                                                  | 16045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER C: N/A                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER D: Berkley Assurance Company                                                                                                          | 39462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER E: National Fire & Marine Insurance Co.                                                                                               | 20079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |
| INSURER F:                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |        |                                               |       |                                              |       |                |     |                                      |       |                                                 |       |            |  |

COVERAGES

CERTIFICATE NUMBER:

CHI-007496013-34

REVISION NUMBER: 22

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADD'L SUBR INSD YYY                                                       | POLICY NUMBER               | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <div><div><div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div><div><div><input type="checkbox"/> CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div></div><div><div><div><div>GEN'L AGGREGATE LIMIT APPLIES PER</div><div><div><div><div><input checked="" type="checkbox"/> POLICY</div><div><input type="checkbox"/> PRO-JECT</div><div><input type="checkbox"/> LOC</div></div></div><div><input type="checkbox"/> OTHER</div></div></div></div></div></div></div></div></div> |                                                                           | RM5GL00068-251              | 01/01/2025              | 01/01/2026              | <div><div>EACH OCCURRENCE\$3,000,000</div><div>DAMAGE TO RENTED PREMISES (Ea occurrence)\$1,000,000</div><div>MED EXP (Any one person)\$10,000</div><div>PERSONAL &amp; ADV INJURY\$3,000,000</div><div>GENERAL AGGREGATE\$6,000,000</div><div>PRODUCTS - COMP/OP AGG\$6,000,000</div><div>\$</div></div> |
| A        | <div><div><div><div><input checked="" type="checkbox"/> AUTOMOBILE LIABILITY</div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | RM5CA00066-251 (AOS)        | 01/01/2025              | 01/01/2026              | <div><div>COMBINED SINGLE LIMIT\$3,000,000</div></div>                                                                                                                                                                                                                                                    |
| A        | <div><div><div><div><div><input checked="" type="checkbox"/> ANY AUTO</div><div><div><div><div><input type="checkbox"/> OWNED AUTOS ONLY</div><div><input type="checkbox"/> SCHEDULED AUTOS</div></div></div><div><div><div><div><input type="checkbox"/> HIRED AUTOS ONLY</div><div><input type="checkbox"/> NON-OWNED AUTOS ONLY</div></div></div></div></div></div></div></div></div>                                                                                                                                                        |                                                                           | RM5CA00066-251 (MA)         | 01/01/2025              | 01/01/2026              | <div><div>BODILY INJURY (Per person)\$</div><div>BODILY INJURY (Per accident)\$</div><div>PROPERTY DAMAGE (Per accident)\$</div><div>\$</div></div>                                                                                                                                                       |
|          | <div><div><div><div><div><input type="checkbox"/> UMBRELLA LIAB</div><div><input type="checkbox"/> OCCUR</div></div><div><div><div><div><input type="checkbox"/> EXCESS LIAB</div><div><input type="checkbox"/> CLAIMS-MADE</div></div></div><div><div><div><div>DED</div><div>RETENTION \$</div></div></div></div></div></div></div></div>                                                                                                                                                                                                     |                                                                           |                             |                         |                         | <div><div>EACH OCCURRENCE\$</div><div>AGGREGATE\$</div><div>\$</div></div>                                                                                                                                                                                                                                |
| B        | <div><div><div><div><div><input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div></div></div></div></div> <div><div><div><div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?</div><div>(Mandatory in NH)</div><div>If yes, describe under DESCRIPTION OF OPERATIONS below</div></div></div></div>                                                                                                                                                                                                     | <div><div><div><div>Y/N</div><div>N</div></div><div>N/A</div></div></div> | RM5WC00092-251 (AOS)        | 01/01/2025              | 01/01/2026              | <div><div><div><div><input checked="" type="checkbox"/> PER STATUTE</div><div><input type="checkbox"/> OTHER</div></div></div></div>                                                                                                                                                                      |
| B        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | RM5WC00094-251 (FL, ME, NJ) | 01/01/2025              | 01/01/2026              | <div><div>E L EACH ACCIDENT\$1,000,000</div></div>                                                                                                                                                                                                                                                        |
| B        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | RM5WC00095-251 (WI, MA)     | 01/01/2025              | 01/01/2026              | <div><div>E L DISEASE - EA EMPLOYEE\$1,000,000</div><div>E L DISEASE - POLICY LIMIT\$1,000,000</div></div>                                                                                                                                                                                                |
| E        | CPL - SIR \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 42-CPL-326094-03            | 01/01/2025              | 01/01/2026              | <div><div>Occurrence/Aggregate\$3,000,000</div></div>                                                                                                                                                                                                                                                     |
| D        | E&O - SIR \$25,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | PCAB-5026762-0125           | 01/01/2025              | 01/01/2026              | <div><div>Per Claim/Aggregate\$5,000,000</div></div>                                                                                                                                                                                                                                                      |

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

|                                                                                                      |                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>Veolia ES Technical Solutions, LLC<br>1 Eden Lane<br>Flanders, NJ 07836 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Marsh USA LLC</i> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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ACORD 25 (2016/03)

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## **Appendix F- Facility Permits**



# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Interim Secretary

PERMITTEE:  
Veolia ES Technical Solutions, L.L.C.  
342 Marpan Lane  
Tallahassee, Florida 32305  
ATTENTION:  
Mr. Kevin D. Shaver, General Manager

I.D. Number: FL0 000 207 449  
Permit Number: 71455-014-HO  
Date of Issue: August 4, 2021  
Expiration Date: September 26, 2026  
County: Leon

Project: Operation of Mercury Containing  
Lamps and Devices Storage Facility, Mercury  
Recovery and Mercury Reclamation Facility.

Pursuant to authorization obtained by the Florida Department of Environmental Protection (FDEP) under the Resource Conservation and Recovery Act [42 United States Code (U.S.C.) 6901, *et seq.*, commonly known as RCRA] and the Hazardous and Solid Waste Amendments of 1984 (HSWA), this permit is issued under the provisions of Section 403.722, Florida Statutes (F.S.) and Chapters 62-4, 62-160, 62-730, 62-737, 62-777 and 62-780, Florida Administrative Code (F.A.C.). This permit replaces expired permit 71455-013-HO. The above-named Permittee is hereby authorized to perform the work or operate the facility shown on the application dated March 29, 2021, received by FDEP on April 8, 2021, and revised additional information received on May 20, 2021 that are incorporated herein and collectively referred to as the "Permit Application." The permit application also includes any approved drawing(s), plans, and other documents that are attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To operate a mercury containing lamp and device storage, recovery and reclamation facility. The storage of mercury containing lamps and devices is limited to the following: 13,504 cubic feet of mixed lamps, or 844 55-gallon drum equivalents of mercury containing devices/unprocessed powder or combination thereof within a 106 pallet spaces may be stored. For further details, see Attachment D-3 of the Permit Application.

The Recovery Process involves operations or processes and equipment used to receive spent mercury containing lamps and devices for the purpose of crushing or dismantling and separating the lamps or devices in a manner as to produce separated individual recyclable components such as glass, scrap metal and mercury containing powder.

The Reclamation process uses processes described in the application to receive and recapture mercury from spent mercury containing lamps, mercury containing



FLORIDA DEPARTMENT OF  
Environmental Protection

Bob Martinez Center  
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Shawn Hamilton  
Interim Secretary

## Electronic Submission

### Air General Permit Re-Registration

You have successfully submitted an Air General Permit Registration to operate a **Volume Reduction, Mercury Recovery, Mercury Reclamation** Facility under the authority of **Rule 62-210.310, F.A.C.**. Your registration was received on **August 13, 2021**. Unless you are notified by the Department of ineligibility to use the air general permit, you may use the air general permit thirty (30) days after giving notice to the Department.

Below is a copy of the details of your registration for your records.

#### Facility Information

**Facility ID:** 0730094  
**Facility or Business Name:** VEOLIA ES TECHNICAL SOLUTIONS LLC  
**Site Name:** VEOLIA ES TECHNICAL SOLUTION-TALLAHASSEE  
**Address Line 1:** 342 Marpan Ln  
**Address Line 2:**  
**City/State/Zip Code:** Tallahassee, FL 32305 0904

#### Mailing Address

**Address Line 1:** 342 Marpan Ln  
**Address Line 2:**  
**City/State/Zip Code:** Tallahassee, FL 32305 0904

#### Owner

**Name:** VEOLIA ES TECHNICAL SOLUTIONS LLC  
**Address Line 1:** 342 Marpan Ln  
**Address Line 2:**  
**City/State/Zip Code:** Tallahassee, FL 32305 0904



FLORIDA DEPARTMENT OF  
Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Ron DeSantis  
Governor

Jeanette Nuñez  
Lt. Governor

Shawn Hamilton  
Secretary

April 28, 2024

Wayne Bulsiewicz  
Veolia ES Technical Solutions LLC  
53 State St Ste 14  
Boston, MA 2109 3205

**RE: Facility ID: FLR05F873-005**  
Veolia ES Technical Solutions, L.L.C.  
County: Leon

Dear Permittee:

The Florida Department of Environmental Protection has received and processed your *Notice of Intent to Use Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity* (NOI) and the accompanying processing fee. This letter acknowledges that:

- your NOI is complete;
- your processing fee is paid-in-full; and
- you are covered under the *Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity* (MSGP).

Your project identification number is **FLR05F873-005**. Please include this number on all future correspondence to the department regarding this permit.

This letter is **not** your permit; however, this letter does serve as **verification of permit coverage**. A copy of the permit language is available online at <https://floridadep.gov/Water/Stormwater> or by contacting the NPDES Stormwater Notices Center. Your facility falls under Sector(s) **K** of the MSGP.

Your permit coverage becomes effective **May 01, 2024** and will expire **April 30, 2029**. To terminate your coverage prior to this expiration date, you must file a *National Pollutant Discharge Elimination System*



## FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Ron DeSantis  
Governor

Jeanette Nuñez  
Lt. Governor

Alexis A. Lambert  
Secretary

02/05/2025

Scott Fulton  
Veolia ES Technical Solutions LLC  
342 Marpan Ln  
Tallahassee, FL 32305-0904

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at 342 Marpan Ln, Tallahassee, FL 32305 has been registered through March 1, 2026 with the following status:

Facility ID # **FL0000207449**

### Transporter of Universal Waste Lamps and Devices

#### Large Quantity Handler Facility for Universal Waste Lamps and Devices

Requirements for packaging, training and recordkeeping for transporters and handlers of universal waste lamps or devices destined for recycling are contained in Chapter 62-737, Florida Administrative Code (F.A.C.). These requirements are simple, flexible, and make good business and environmental sense. The requirements and fact sheets summarizing them can be found on the following website:

<http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or any other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, Florida Administrative Code (F.A.C.).

The renewal notice for this registration will be sent to the contact person on your application. If any of your facility's information changes, please notify the Department using the Florida Notification of Regulated Waste Activity, DEP Form 62-730.900(1)(b), F.A.C.

If you have any questions, you may contact me at (850)245-8705 or [Jeff.Gregg@dep.state.fl.us](mailto:Jeff.Gregg@dep.state.fl.us)

Sincerely,

Jeff Gregg  
Environmental Manager  
Hazardous Waste Regulation Section

Enclosure: Florida Notification of Regulated Waste Activity

1/1

# Document A310<sup>TM</sup> – 2010

Conforms with The American Institute of Architects AIA Document 310

Bond Number: 36813-AXA-25-7

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Veolia ES Technical Solutions, L.L.C.

53 State Street, 14th Floor

Boston, MA 02109

### OWNER:

(Name, legal status and address)

City of Port St. Lucie

121j S.W. Port St. Lucie Boulevard

Port St. Lucie, FL 34984

### SURETY:

(Name, legal status and principal place of business)

XL Specialty Insurance Company

505 Eagleview Blvd.

Exton, PA 19341

State of Inc: Delaware

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** One Thousand and 00/100 Dollars (\$1,000.00)

### PROJECT:

(Name, location or address, and Project number, if any)

Mercury Float Switch Disposal - RFP 2025181

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 7th day of August, 2025

(Witness)



(Witness) Kimberly Leonard

(Principal)

(Title)

(Surety)

(Title)

Veolia ES Technical Solutions, L.L.C. (Dept 10030)

XL Specialty Insurance Company

April D. Perez, Attorney-in-Fact  
Non-Resident Florida License # G047993



Power of Attorney  
XL Specialty Insurance Company  
Greenwich Insurance Company

THIS IS NOT A BOND NUMBER  
LIMITED POWER OF ATTORNEY  
XL 1633495

KNOW ALL MEN BY THESE PRESENTS: That XL Specialty Insurance Company, and Greenwich Insurance Company, both Delaware insurance companies with offices located at 505 Eagleview Blvd., Exton, PA 19341, do hereby nominate, constitute, and appoint:

**Francesca Papa, Terry Ann Gonzales-Selman, Mariya Leonidov, Jessica Iannotta, Kelly O'Malley, April D. Perez, Kristin S. Bender, Annette Audinot**

each its true and lawful Attorney(s)-in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed \$150,000,000.00.

Such bonds and undertakings, when duly executed by the aforesaid Attorney (s) - in - Fact shall be binding upon each said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

The Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of each of the Companies on the 18th day of September 2024.

RESOLVED, that Eric Donofrio, Dave Maguire, Lian Phua, Jim Richert and Kevin Mirsch are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that Eric Donofrio, Dave Maguire, Lian Phua, Jim Richert and Kevin Mirsch each is hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.

IN WITNESS WHEREOF, the XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this April 7th, 2025.



**XL SPECIALTY INSURANCE COMPANY  
GREENWICH INSURANCE COMPANY**

by:

*Kevin M. Mirsch*

Kevin M. Mirsch, SECRETARY

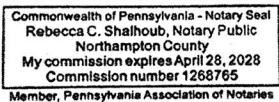
STATE OF PENNSYLVANIA  
COUNTY OF CHESTER

Attest:

*David F. Maguire*

David Maguire, ASSISTANT SECRETARY

On this 7th day of April, 2025, before me personally came Kevin Mirsch to me known, who, being duly sworn, did depose and say: that he is Secretary of XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY, described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to the aforesaid instrument is such corporate seals and were affixed thereto by order and authority of the Boards of Directors of said Companies; and that he executed the said instrument by like order.



*Rebecca C. Shalhoub*

Rebecca C. Shalhoub, NOTARY PUBLIC

STATE OF PENNSYLVANIA  
COUNTY OF CHESTER

I, David Maguire, Assistant Secretary of XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY, corporations of the State of Delaware, do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Companies, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Stamford, this 7th day of August, 2025



*David F. Maguire*

David Maguire, ASSISTANT SECRETARY

This Power of Attorney may not be used to execute any bond with an inception date after 4/7/2027

**XL SPECIALTY INSURANCE COMPANY**  
**STATUTORY STATEMENT OF ADMITTED ASSETS,**  
**LIABILITIES, CAPITAL AND SURPLUS**  
**December 31, 2024**  
**(U.S. Dollars)**

| <b>Assets:</b>                                                       |                      | <b>Liabilities:</b>                                           |                      |
|----------------------------------------------------------------------|----------------------|---------------------------------------------------------------|----------------------|
| Bonds                                                                | 2,712,389,403        | Loss & loss adjustment expenses                               | 1,808,236,534        |
| Stocks                                                               | 141,796,575          | Reinsurance payable on paid loss and loss adjustment expenses | 2,692,149            |
| Cash and short-term investments                                      | 201,032,359          | Unearned premiums                                             | 465,208,886          |
| Receivable for securities                                            | 210,369              | Ceded reinsurance premium payable                             | 0                    |
| <b>Total Invested Assets</b>                                         | <b>3,055,428,706</b> | Funds held by company under reinsurance treaties              | 286,834,119          |
|                                                                      |                      | Payable for Securities                                        |                      |
|                                                                      |                      | Other Liabilities                                             | 89,416,130           |
|                                                                      |                      | <b>Total Liabilities</b>                                      | <b>2,652,387,818</b> |
| Agents Balances                                                      | 253,148,245          | Capital and Surplus:                                          |                      |
| Funds held by or deposited with reinsured companies                  |                      | Aggregate write-ins for special surplus funds                 |                      |
| Reinsurance recoverable on loss and loss adjustment expense payments | 135,647              | Common capital Stock                                          | 5,812,500            |
| Accrued interest and dividends                                       | 16,745,812           | Gross paid in and contributed surplus                         | 609,190,317          |
| Other admitted assets                                                | 115,019,228          | Unassigned surplus                                            | 173,087,003          |
|                                                                      |                      | <b>Total Capital and Surplus</b>                              | <b>788,089,820</b>   |
| <b>Total Admitted Assets</b>                                         | <b>3,440,477,638</b> | <b>Total Liabilities, Capital and Surplus</b>                 | <b>3,440,477,638</b> |

I, Andrew Robert Will, Vice President and Controller of XL Specialty Insurance Company (the "Corporation") do hereby certify that to the best of my knowledge and belief, the foregoing is a full and true Statutory Statement of Admitted Assets, Liabilities, Capital and Surplus of the Corporation, as of December 31, 2024, prepared in conformity with the accounting practices prescribed or permitted by the Insurance Department of the State of Delaware. The foregoing statement should not be taken as a complete statement of financial condition of the Corporation. Such a statement is available upon request at the Corporation's principal office located at 677 Washington Blvd., 10<sup>th</sup> Floor, Suite 1000, Stamford, CT 06901.

DocuSigned by:

*Andrew Will*

B8B4EA439CFD428...

Andrew Robert Will  
Vice President and Controller