

# Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials

JUST TANX LLC  
PO BOX 482  
KEARNY, NJ 07032

**ALLIANCE**  
FOR UNIFORM  
**HAZMAT**  
TRANSPORTATION  
PROCEDURES

|                            |          |        |
|----------------------------|----------|--------|
| USDOT Census #             | 02445471 |        |
| MC Docket #                | N/A      |        |
| EPA Transporter ID #       | N/A      | 362197 |
| Intrastate Motor Carrier # | N/A      | 128370 |

|   |              |
|---|--------------|
| Phone Number to call in case of an accident or emergency: | 201-320-1668 |
|---|--------------|

|                     |                                     |                  |             |
|---------------------|-------------------------------------|------------------|-------------|
| Uniform Program ID: | UPM9000001OH                        |                  |             |
| Certified By:       | Edwards, Christi                    |                  |             |
| Issuance Date:      | 14-Jan-2015                         | Expiration Date: | 01-Jan-2016 |
| Issuing Agency      | PUBLIC UTILITIES COMMISSION OF OHIO |                  |             |
| Agency Telephone:   | (614) 466-3392                      |                  |             |



**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2014-2017**

**Registrant:** JUST TANX  
Attn: TRISHA PETERSEN  
PO BOX 482  
KEARNY, NJ 07032

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 052914 552 012WY      Issued: 05/29/2014      Expires: 06/30/2017**

**HM Company ID: 166565**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



# CERTIFICATE OF LIABILITY INSURANCE

JUSTT-1

OP ID: DL

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
KHD, LLC  
1259 Route 46 East  
Building 1, Suite 125  
Parsippany, NJ 07054

**CONTACT NAME:** KHD, LLC

**PHONE (A/C No. Ext):** 973-316-1680

**FAX (A/C No):** 973-316-1687

**E-MAIL ADDRESS:**

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** NY MARINE & GENERAL

20087

**INSURER B:** Travelers P&C Ins Co.

25674

**INSURER C:** Kinsale Insurance Co.

38920

**INSURER D:** General Star Indemnity

**INSURER E:**

**INSURER F:**

**INSURED**  
JUST TANX, LLC  
470 SCHUYLER AVE  
KEARNY, NJ 07032

### COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|----------------|---------------|-------------------------|-------------------------|---|
| C        | <input checked="" type="checkbox"/> GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |                | 0100015762    | 11/22/2014              | 11/22/2015              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ excl<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS |                | B11222014AL   | 11/22/2014              | 11/22/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$   |
| D        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CLAIMS-MADE   |                | XG417952      | 11/22/2014              | 11/22/2015              | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$  |
| B        | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br><input type="checkbox"/> Y/N<br>DESCRIPTION OF OPERATIONS below                    | N/A            | 6JUB8D843920  | 11/23/2014              | 11/23/2015              | <input type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |
| B        | MOTOR TRUCK CARGO  |                | QT6609D088237 | 11/22/2014              | 11/22/2015              | LIMIT/VEH 100,000<br>DEDUCTIBL 1,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 A. TRAILER INTERCHANGE #B11222014AL EFF 11/22/14-15. LIMIT 50,000  
 COMP/COLLISION SUBJ TO 1,000 DEDUCTIBLE.

### CERTIFICATE HOLDER

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### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Chel*