

EXHIBIT F



WASTE MANAGEMENT

29755 S Prairie View Drive
Wilmington, IL 60481

August 11, 2015

Mr. Bob Mathis
IEPA- Bureau of Land
Financial Assurance Program
1021 North Grand Ave. East
Springfield, IL 62702

RE: Laraway Recycling and Disposal Facility
IEPA# 1970450002, USEPA# ILD074411745 - Will County
Permit No. B-141R
Financial Assurance Submittal - RCRA unit

Dear Mr. Mathis:

In accordance with IEPA Permit No. B-141R, please find the attached certificate of insurance and policy endorsements for the amount of \$3,379,072 for the post-closure care of the closed RCRA unit is attached.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [35 IAC 702.126(d)]

If you have any questions, please contact me at (815) 423-5120.

Sincerely,

Waste Management, Inc.

A handwritten signature in black ink, appearing to read 'Ian C. Johnson'.

Ian C. Johnson, P.E.
Environmental Engineer

Cc: Doug Hopkins

NATIONAL GUARANTY INSURANCE COMPANY OF VERMONT
100 Bank Street, Suite 610
Burlington, VT 05401

ENDORSEMENT

ENDORSEMENT #: 32

NAME OF INSURED: Laraway Recycling and Disposal Facility
a Division of Waste Management of Illinois, Inc.

ADDRESS OF INSURED: 21233 West Laraway Road
Joliet, IL 60436

POLICY NO.: CPCH91-0004

DATE OF ENDORSEMENT: 08/06/15

- Effective 08/01/15, it is hereby understood and agreed that this policy's Post-Closure Coverage amount is decreased from \$3,747,342.00 to \$3,379,072.00.

Also, this policy is extended from 11/30/15 to 11/30/16.

The premium amount charged for this renewal period is \$8,956.00.
The premium tax amount charged on this premium is \$331.00.

All other terms and conditions remain unchanged.



Authorized Representative



Date

See Attachment A.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Attachment A

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is nil and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: National Guaranty Insurance Company of Vermont

POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENTS that the National Guaranty Insurance Company of Vermont, 100 Bank Street, Suite 610, Burlington, Vermont Corporation (the "Corporation"), has constituted and appointed and does hereby constitute and appoint Heather Cook, Jennifer A. George, Joan M. Hussey, Susan D. Precourt, and Marcy Waterfall of Marsh Management Services Inc., Burlington, Vermont, each its true and lawful Attorney-in-fact to execute under such designation in its name and to affix its corporate seal to deliver for and on its behalf as surety thereon or otherwise, bonds of any of the following classes, to wit:

1. Surety bonds to the United States of America or any agency thereof, including lease and miscellaneous surety bonds required or permitted under the laws, ordinances or regulations of any State, City, Town, Village, Board or any other body or organization, public or private.
2. Bonds on behalf of contractors in connection with bids, proposals or contracts.
3. Insurance policies and Certificates of Insurance related to financial assurance for closure, post-closure and/or corrective action obligations.

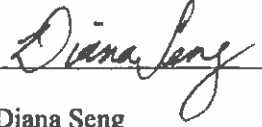
The foregoing powers granted by the Corporation shall be subject to and conditional upon the written direction of any officer (or any designee of any such officer) to execute and deliver any such bonds.

The signatures and attestations of such Attorneys-in-fact and the seal of the Corporation may be affixed to any such bond, policy or to any certificate relating thereto by facsimile and any such bond, policy or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation when so affixed.

IN WITNESS WHEREOF, the Corporation has caused these presents to be signed by the President and its corporate seal to be hereto affixed. This power of attorney is in effect as of


August 6th, 2015.

Witness:



Diana Seng
Secretary

**NATIONAL GUARANTY INSURANCE
COMPANY OF VERMONT**



Devina A. Rankin
President

CERTIFICATE OF INSURANCE FOR CLOSURE AND/OR
POST-CLOSURE CARE OR CORRECTIVE ACTION

Name and Address of Insurer ("Insurer"):

NATIONAL GUARANTY INSURANCE COMPANY OF VERMONT

100 Bank Street, Suite 610, Burlington, Vermont 05401

Name and Address of Insured ("Insured"):

Laraway Recycling and Disposal Facility, A Division of Waste Management of Illinois, Inc.

21233 West Laraway Road, Joliet, Illinois 60436

Sites Covered:

Name Laraway Recycling and Disposal Facility

Address 21233 West Laraway Road

City Joliet, Illinois 60436

Amount insured for this site: \$3,379,072.00

Name _____

Address _____

City _____

Amount insured for this site: \$

Please attach a separate page if more space is needed for all sites.

Face Amount \$3,379,072.00

Policy Number CPCH91-0004

Effective Date 03/31/1991 (Period covered 11/30/15 – 11/30/16)

The Insurer hereby certifies that it is licensed to transact the business of insurance by the Illinois Department of Insurance or that it is licensed to transact the business of insurance, or approved to provide insurance as an excess or surplus lines insurer, by the insurance department in one or more states.

The insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for {indicate: closure and/or post-closure care or corrective action} for the sites identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 35 Ill. Adm. Code 811.714, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Illinois Environmental Protection Agency ("IEPA"), the Insurer agrees to furnish to the IEPA a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in 35 Ill. Adm. Code 811. Appendix A, Illustration F as that regulation was constituted on the date shown below.

Name (Authorized Signature for Insurer) _____

Typed Name Jennifer A. George

Title Attorney-In-Fact

Date August 6, 2015