



Worldwide Recovery Systems, Inc.

Mailing Address:

**Worldwide Recovery Systems, Inc.
2308 Pomona Boulevard, Pomona, CA 91768**

Facility Addresses:

CORPORATE OFFICE:

**2308 Pomona Boulevard, Pomona, CA 91768
Tel: (909) 643-8150 Fax: (909) 643-8161
Toll Free: (866) 90-Waste**

NORCAL OFFICE:

**8210 Berry Avenue, Suite 180, Sacramento, CA 95828
Toll Free: (866) 90-Waste**

EPA# CAR000175422

Tax ID# 38-3650542

MC 523640

US D.O.T. 1246609

CA 234429

IFTACA 552894

BUSINESS LICENSE

The person, firm or corporation named below is hereby licensed to engage in the business, profession, or trade described below in the City of Pomona for the period indicated. Notwithstanding the foregoing, this license is issued pursuant and subject to all laws, ordinances, and regulations that are applicable to the conduct of such business in the City of Pomona. Issuance of this license is not an endorsement, nor certification of compliance with applicable laws, ordinances and regulations. This license is issued without verification that the licensee is subject to or exempt from licensing by the State of California. THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE AND IS NOT TRANSFERABLE.

CITY OF POMONA

BUSINESS NAME: WORLDWIDE RECOVERY SYSTEMS INC

BUSINESS TYPE:

BUSINESS LOCATION: 2300 POMONA BLVD
POMONA, CA 91766

DESCRIPTION: TRANSPORTATION TERMINAL

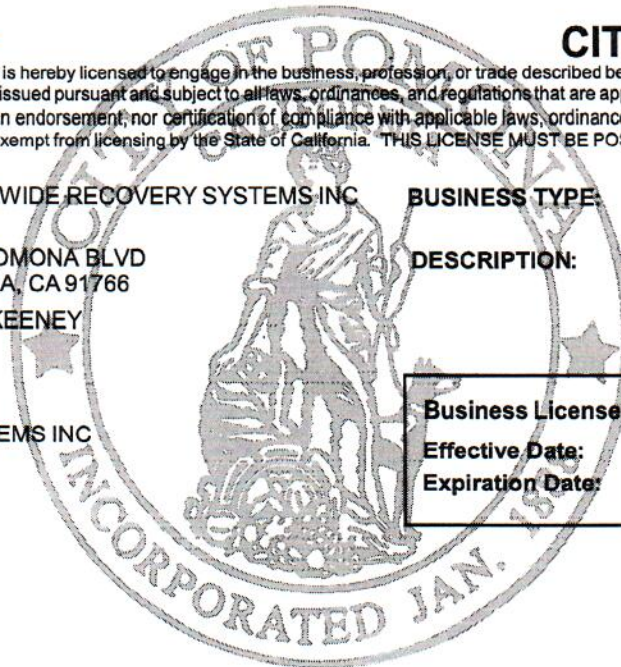
BUSINESS OWNER: DOUG KEENEY

WORLDWIDE RECOVERY SYSTEMS INC
2308 POMONA BLVD
POMONA, CA 91768-3353

Business License Number: 00135875

Effective Date: April 29, 2019

Expiration Date: March 31, 2020



LOS ANGELES COUNTY CERTIFIED UNIFIED PROGRAM AGENCY
ADMINISTERED BY LOS ANGELES COUNTY FIRE DEPARTMENT

ANNUAL UNIFIED PROGRAM FACILITY PERMIT

Fiscal Year 2018-2019

July 1, 2018 - June 30, 2019

ISSUED TO: WORLDWIDE RECOVERY SYSTEMS INC
2308 POMONA BLVD
POMONA, CA 91768

LA Co. CUPA NO. AR: AR0069112

FACILITY OWNER: BOB BOAL

FACILITY SITE ADDRESS: 2308 POMONA BLVD, POMONA, CA 91768

THIS PERMIT IS ISSUED FOR THE FOLLOWING PROGRAMS:

Administering Agency:

LA COUNTY FIRE DEPARTMENT
LA COUNTY FIRE DEPARTMENT

Program Description:

HAZARDOUS MATERIALS DISCLOSURE PROGRAM
HAZARDOUS WASTE GENERATOR PROGRAM

**THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED
AT THE FACILITY AT ALL TIMES.**

ISSUED BY: Daryl L. Osby
County of Los Angeles Fire Chief

ISSUED ON: Dec 3, 2018

EXPIRES ON: October 31, 2019

This permit is valid only for the above location and is subject to ALL REQUIREMENTS of State and local laws and regulations.
This permit is non-transferrable and is void upon change in ownership or location.

If you are in operation on or after July 1, 2019, your business will be responsible for payment of permit fees for the next annual billing cycle. You must contact this Department prior to this date and arrange for an inspection to verify non-operational status to cancel permit fees for the next annual billing cycle. You may continue to operate under this permit until the payment for the next billing cycle is made to this Department by the established invoice due date. Invoice due date for permit fees may vary from year to year.

FA0020023



Notify the Environmental Management Department of any change of ownership, type of business activity, business name, or billing address by calling 916-875-8550. Failure to notify Environmental Management may result in late penalties, Permit denial or revocation, and business closure. PERMITS TO OPERATE AND ANNUAL FEE PAYMENTS ARE NOT TRANSFERABLE. Permits become void on change of ownership. New owners must apply and pay for a new Permit(s) prior to beginning operation.

ATTN: JAMES WARD
WORLDWIDE RECOVERY SYSTEM INC
2308 POMONA BLVD
POMONA CA 91768

**YOUR PERMIT MUST BE
RETAINED ON THE PREMISES**

DETACH FORM HERE



**COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
10590 ARMSTRONG AVENUE
MATHER CA 95655
(916) 875-8550**

REGULATED FACILITY

**WORLDWIDE RECOVERY SYSTEM INC
8210 BERRY AVE STE 180
SACRAMENTO, CA 95828**

Facility ID: FA0020023
Account ID: AR0082561
Issued: 6/7/2019

OWNER NAME :

WORLDWIDE RECOVERY SYSTEM INC

PERMITTED OPERATION(S):

**PR0051406 5203 HAZARDOUS MATLS DISCLOSURE FEE 1-3 MATLS
VALID FROM JANUARY 3, 2019 TO FEBRUARY 1, 2020**

Permits to operate and Annual Fee Payments are NOT TRANSFERABLE. Those referenced above are valid ONLY for this owner WORLDWIDE RECOVERY SYSTEM INC. Permits become VOID on change of ownership. New owners must apply and pay for a new Permit(s) PRIOR to beginning operation or penalties will be assessed.

Until the new permit is mailed to the facility, this Permit is considered extended for up to twenty five days after the expiration date if renewal fees have been paid.



Jared Blumenfeld
Secretary for
Environmental Protection



Department of Toxic Substances Control

Meredith Williams, Ph.D.
Acting Director
1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Gavin Newsom
Governor

*****HAZARDOUS WASTE TRANSPORTER REGISTRATION***
WITH CONSOLIDATED TRANSPORTER NOTIFICATION**

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

WORLDWIDE RECOVERY SYSTEMS INC
2308 POMONA BLVD
POMONA, CA 91768

TRANSPORTER REGISTRATION NO: 4246

EXPIRATION DATE: MARCH 31, 2020

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO
TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN
ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE
HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF
REGULATIONS, DIVISION 4.5.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT
OF HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CALL (916) 440-7145.


(AUTHORIZED SIGNATURE)

March 5, 2019

(DATE)

CONSOLIDATED TRANSPORTER NOTIFICATION1. **Business Name** (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles):Worldwide Recovery Systems, Inc2. **Transporter Registration Number**4 | 2 | 4 | 63. **Business Address** Number/Street2308 Pomona Blvd

City

Pomona

County/Province

Los Angeles

State/Country

CA

Zip/Postal Code

917684. **Mailing Address** (If different) P.O. Box/Street

City

County/Province

State/Country

Zip/Postal Code

5a. **Telephone Number** (Ext. Number)(866) 909-2783(909) 643-81506. **Identification Numbers.** If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.5b. **Fax Number**(909) 643-8161CAR 0001754225c. **E-mail Address**doug@86690waste.com

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. [Check all applicable box(es)]:

- | | |
|---|--|
| A. Used oil <input checked="" type="checkbox"/> | J. Spent photographic solutions |
| B. Contents of an oil/water separator <input checked="" type="checkbox"/> | K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) <input checked="" type="checkbox"/> |
| C. Solids contaminated with used oil <input checked="" type="checkbox"/> | L. Filters, lint, and sludges contaminated with dry cleaning solvent <input checked="" type="checkbox"/> |
| D. Brake fluid <input checked="" type="checkbox"/> | M. Asbestos and asbestos-containing materials |
| E. Antifreeze <input checked="" type="checkbox"/> | N. Inks from the printing industry <input checked="" type="checkbox"/> |
| F. Antifreeze sludge <input checked="" type="checkbox"/> | O. Chemicals and laboratory packs collected from K-12 schools <input checked="" type="checkbox"/> |
| G. Parts cleaning solvents, including aqueous cleaning solvents <input checked="" type="checkbox"/> | P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) |
| H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process | Q. Filters from dispensing pumps for diesel and gasoline fuels <input checked="" type="checkbox"/> |
| I. "Paint-related" wastes, including paints, thinners, filters, and sludges <input checked="" type="checkbox"/> | |

8. **Name and Title of Authorized Representative** (print or type):Doug Keeney CEO

Signature of Authorized Representative

Use blue or other non-black ink

Date

02/12/2019

Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

Elizabeth Lopez Rogers
 Transportation Unit Representative

2/19/2019
 Received date

Elizabeth Lopez-Rogers
 (Print or type name)

3/31/2020
 Expiration date

2/20/2019
 DTSC acknowledgement date

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



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2017-2020**

Registrant: WORLDWIDE RECOVERY SYSTEMS INC
Attn: DOUG KEENEY
2621 GREEN RIVER RD UNIT 105 P
CORONA, CA 92882

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: 062017 554 036ZB Effective: 07/01/2017 Expires: 06/30/2020
HM Company ID: 092329

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.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

HAZARDOUS MATERIALS TRANSPORTATION LICENSE

CHP 360H (REV. 1/00) OPI 062

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
229731	134024	6/4/2018	8/1/2018	7/31/2019
CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement	
CA 234429	525	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal	

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

The original valid license must be kept at the licensee's place of business as indicated on the license and a legible copy must be carried in any vehicle or combination transporting hazardous materials and must be presented to any CHP officer upon request. This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.

LICENSEE NAME AND PHYSICAL STATION ADDRESS (if different than below)

WORLDWIDE RECOVERY SYSTEMS INC
2300 POMONA BLVD
POMONA CA, US 91768

LICENSEE NAME AND MAILING ADDRESS

Attention: MICHELE
WORLDWIDE RECOVERY SYSTEMS INC
2621 GREEN RIVER ROAD UNIT #105-PMB#226
CORONA CA, US 92882

This carrier is on the special routing/safe stopping place mailing lists as indicated below:

- ☐ (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
☐ (HMPH) Poison Inhalation Hazard materials in bulk packages subject to Division 14.3, CVC.
☐ (HMRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.

Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$2,000.00. (CVC Section 23112.5)


DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS G875
 P.O. BOX 932370 Sacramento, CA. 94232-3700
 (916) 657-8153



02/13/2009



WORLDWIDE RECOVERY SYSTEMS INC
 3800 GRAND AVE
 POMONA, CA 91766

 DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 932370 Sacramento, CA. 94232-3700		NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier	
WORLDWIDE RECOVERY SYSTEMS INC 3800 GRAND AVE POMONA, CA 91766		Valid From:	02/11/2009
		Valid Through:	Non-Expiring
		CA#:	0234429
		The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification: <p style="text-align: center;">Corporation</p>	
Pmt Date: N/A	Office #: 154	Not Valid for Intrastate Only Operations	
Account #: 369482	Tech ID: LW		
Sequence #: 0031	Amt Paid: No Fee		

!!!IMPORTANT REMINDERS!!!

1. This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
2. Federal Motor Carrier Safety Administration insurance requirements must be maintained.
3. If you commence intrastate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

**California Department of Food and Agriculture
Meat, Poultry and Egg Safety Branch**

11/29/2018

1220 N Street, Sacramento, CA 95814
(916) 900-5004

Inedible Kitchen Grease Transporter – Commercial Registration

Mailing Address:

WORLDWIDE RECOVERY SYSTEMS, INC.
2308 POMONA BLVD
POMONA, CA 91768

Est # IKC-10623

Facility Address:

WORLDWIDE RECOVERY SYSTEMS, INC.
2308 POMONA BLVD
POMONA, CA 91768

Expires: 12/31/2019

Authorized Use Of This Registration Is Restricted To California Registered Transporters



**Certificate of Reported Compliance
Truck and Bus Regulation**

Issued to:

Worldwide Recovery Systems
Motor Carrier: USDOT-1246609 CA-234423 Other-MC523640

This certificate confirms that the fleet owner has attested under penalty of perjury that the statements and information they provided to the Air Resources Board (ARB) are true, accurate, and complete regarding all relevant vehicles in the fleet required to show compliance. ARB hereby finds that the fleet listed above has reported compliance with title 13, California Code of Regulations, section 2025 of the Truck and Bus Regulation. If ARB subsequently finds that the statements and information that have been provided are not true, accurate, and complete, this certificate shall be effectively revoked and the fleet subject to noncompliance penalties.

This certificate is valid until **December 31, 2019**

Printed on 2018-12-28

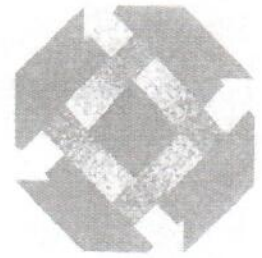
Truck and Bus Fleet Identification
102131


Jack Kitowski
Division Chief, Mobile Source Control Division
California Air Resources Board

To verify the authenticity of this certificate, visit
www.arb.ca.gov/insprog/onlinecert/tblookup.php

Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials

WORLDWIDE RECOVERY SYSTEMS INC
2308 POMONA BLVD
POMONA CA 91768



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

USDOT CENSUS #: 1246609

MC #: 523640

EPA TRANSPORTER ID #: CAR000175422

PHMSA #: 062017554036ZB

TELEPHONE NUMBER TO CALL IN CASE OF ACCIDENT OR EMERGENCY:
(909) 952-2890

UNIFORM PROGRAM #: UPM1246609NV

CERTIFIED BY: JOSHUA LARKIN

REGISTRATION ISSUED: **01 APRIL 2019**
REGISTRATION EXPIRATION: **31 MARCH 2020**

ISSUING AGENCY: NEVADA HIGHWAY PATROL
AGENCY TELEPHONE NUMBER: 775-684-4622





INDIANA DEPARTMENT OF REVENUE

Eric J. Holcomb, Governor
Adam J. Krupp, Commissioner



1542892

Indiana Government Center
100 N. Senate Ave, Rm 248
Indianapolis, IN 46204-2253

2019 IFTA FUEL TAX LICENSE

PENSKE TRUCK LEASING CO L P
2675 MORGANTOWN RD
READING, PA 19607

TID: 0001082175
FEIN/SSN: *****8618
Document DLN: 1542892
Date Issued: 09/28/2018

Motor Carrier Services Division (MCSD) has recently processed your 2019 License. The following IFTA Fuel Tax Decals have been issued to your account.

Number of decals: 38050
Decal Serial Numbers: 647469-685518

Instructions:

1. Apply to clean, dry, smooth, wax-free surface at moderate temperature. Rub firmly until all air bubbles are removed and edges are sealed.
2. Place decal on the lower rear exterior portion of the drivers side (and passenger side for IFTA decals).
3. **Decals are not transferable**
4. Failure to display decals in the required location may subject the vehicle to citations or the purchase of a trip permit.
5. Place a copy of the Intrastate Annual Permit/Cab Card or IFTA License below in the cab of each subject vehicle.
6. Additional Decals if needed can be ordered on-line at <https://motorcarrier.dor.in.gov/loginHome.html>, via phone at (317) 615-7345 or in person at the address shown above.

FORM NO. IFTA-2 (10/90)



INTERNATIONAL FUEL TAX AGREEMENT
(IFTA) LICENSE

INDIANA DEPARTMENT OF REVENUE
PO BOX 6175
INDIANAPOLIS, INDIANA 46206-6175
(317) 615-7345

LICENSE NUMBER: IN 232518618

PENSKE TRUCK LEASING CO L P
4000 CLINE AVE
EAST CHICAGO, IN 46312

TID: 0001082175

THIS LICENSE IS ISSUED UNDER THE TERMS OF
THE INTERNATIONAL FUEL TAX AGREEMENT AND
IS VALID FOR VEHICLES OPERATED BY THE
LICENSEE IN ALL IFTA JURISDICTIONS.

EXPIRES: DECEMBER 31, 2019

A CURRENT CAB CARD MUST BE CARRIED IN EACH QUALIFIED MOTOR VEHICLE.

203133



CALIFORNIA
INTERNATIONAL FUEL TAX AGREEMENT

California Department of Tax and Fee Administration
1030 Riverside Parkway, Suite 125
West Sacramento, CA 95605

2019 IFTA LICENSE
NOT TRANSFERABLE

IFTA License Number
CA95326126700

Effective Date
01/01/2019

Expiration Date
12/31/2019

Motor Carrier Account
59005055

Control Number
9023917 - 9024521

USDOT Number

TCI TRANSPORTATION SERVICES
TRANSPORTATION COMMODITIES INC.
4950 TRIGGS ST
COMMERCE **CA 90022-4832**

THIS LICENSE IS ISSUED UNDER THE TERMS OF THE INTERNATIONAL FUEL TAX AGREEMENT AND IS VALID FOR VEHICLES OPERATED BY THE LICENSEE IN ALL IFTA JURISDICTIONS.
CDTFA-442-IFTA REV. 6 (10-17) **A COPY OF THIS LICENSE MUST APPEAR IN EACH MOTOR VEHICLE**

This license, or an exact copy of this license, must be carried in the cab of each qualified motor vehicle registered under the California International Fuel Tax Agreement (IFTA) program. Along with this license, each vehicle must display one set of valid California IFTA decals on the exterior portion of the trucks cab; one decal on each side. In lieu of the IFTA decals, a valid California IFTA 30-Day Temporary Decal Permit may be carried in the cab of the vehicle.

If you do not carry a copy of the IFTA license or do not display the IFTA decals in the required locations on the vehicle(s) (or carry in the cab a valid California IFTA Temporary Decal Permit), it will subject the vehicle operator to the requirement to purchase a fuel trip permit, issuance of a citation and/or imposition of a fine, and possible seizure and sale of the vehicle.

As a holder of this license, you accept certain responsibilities. You must keep adequate records that document the amount of fuel purchased, used, or stored; the amount of fuel tax paid; any fuel use that is exempt from tax; and the number of miles your qualified motor vehicle(s) operated in all IFTA and non-IFTA jurisdictions. Generally, you must keep records for four years.

You must file an IFTA Quarterly Fuel Use Tax Return no later than the last day of the month following the quarterly reporting period. You must file your quarterly return even if you did not purchase any fuel or operate your vehicle(s) in any IFTA jurisdiction during the reporting period. To file your return, please visit our website .

Your license is valid only for the entity named and type of ownership specified (for example, sole proprietorship, corporation, partnership, limited liability company, etc.). You should notify the California Department of Tax and Fee Administration (CDTFA) immediately if you make ownership changes; sell your business; stop operating, or otherwise close your California IFTA license account. Upon closure of your account, you must destroy this license and all copies and remove all related decals issued by the CDTFA from your vehicle(s).

This license is valid only if issued by the CDTFA. Any agent or other person who alters or otherwise produces unauthorized fuel tax credentials is creating fraudulent documents, the use of which may result in civil liability, criminal prosecution or revocation of the license.

If you have any questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2019

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 Wood Gutmann & Bogart 15901 Red Hill Ave., Suite 100 Tustin CA 92780	CONTACT NAME: PHONE (A/C, No, Ext): 714-505-7000 E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Starr Indemnity & Liability Co INSURER B: Starr Surplus Lines INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 714-573-1770 NAIC # 13604
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COVERAGES**CERTIFICATE NUMBER:** 1126167055**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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	1000065993181	11/7/2018	11/7/2019 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MSC90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	SISIPCA06219918	11/7/2018	11/7/2019 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			1000336770181	11/7/2018	11/7/2019 EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			1000067183181	11/7/2018	11/7/2019 Occurrence 1,000,000 Aggregate 2,000,000

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

Proof Only

CERTIFICATE HOLDER**CANCELLATION**

PROOF ONLY

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

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



WORLREC-03

EPRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

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 Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Worldwide Recovery Systems Inc 2308 Pomona Ave Pomona, CA 91768		INSURER A: 5Star Berkshire Hathaway		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A		WOWC010650	3/31/2019	3/31/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Insured Copy

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2019

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.

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PRODUCER Wood Gutmann & Bogart 15901 Red Hill Ave., Suite 100 Tustin CA 92780		CONTACT NAME: PHONE (A/C, No, Ext): 714-505-7000 FAX (A/C, No): 714-573-1770 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Starr Indemnity & Liability Co	
		INSURER B: Starr Surplus Lines	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2146166392 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	1000065993181	11/7/2018	11/7/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 300,000 PERSONAL & ADV INJURY \$ 25,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS90	Y	Y	SISIPCA08219918	11/7/2018	11/7/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			1000336770181	11/7/2018	11/7/2019	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			1000067183181	11/7/2018	11/7/2019	Occurrence Aggregate 1,000,000 2,000,000

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

Proof Only

CERTIFICATE HOLDER

CANCELLATION

PROOF ONLY

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AUTHORIZED REPRESENTATIVE



WORLREC-03

EPRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

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PRODUCER Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
INSURED Worldwide Recovery Systems Inc 8210 Berry Ave Sacramento, CA 95828-		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A : 5Star Berkshire Hathaway			
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WOWC010650	3/31/2019	3/31/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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