



**Used Oil Transporter Certificate of Insurance  
Bureau of Land & Waste Management**

1. Name and Address of Insured

2. Name and Address of Company Affording Coverage

3. Type of Insurance	Policy Number	Amount of Deductible	Policy Expiration Date	Limits of Liability in Millions each occurrence
Automobile Liability  min)				Bodily Injury (\$1,000,000  (Each Person) \$
				Bodily Injury (\$1,000,000  (Each Occurrence) \$
				Property Damage (\$1,000,000 min)  \$
min)				Bodily Injury & (\$1,000,000  Property Damage \$  Combined Single Limit (Requires Endorsement A)
Excess Liability Umbrella (Requires Endorsement B				Bodily Injury & Property Damage \$  Combined

4. Is this Fleet Coverage? \_\_\_\_\_ YES \_\_\_\_\_ NO

*(Please see reverse side of this form for continuation)*

5. If the answer to 4 is NO, please list below the motor vehicles covered by above policy:

Make	Model	Serial Number	General Description of vehicle including capacity, etc.
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(If additional space is needed, please use separate sheet)

If any of the above listed policies include any exemptions, exclusions and/or conditions which would limit the extent of coverage as intended under the South Carolina Department of Health and Environmental Control proposed and/or effective regulations, please attach copies of these exemptions, exclusions and/or conditions to the back of this form.

It shall be the responsibility of the Used Oil Transporter to resubmit a Certificate of Insurance form upon expiration of the present policy.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which they refer. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the Department with which such certificate has been filed. Such thirty (30) days notice to commence to run from the date the notice is actually received in the Office of the Department. Thirty (30) days notice shall also be given at the address below, if there is material change made in the policy or endorsement to which this certificate refers.

The undersigned do hereby certify that the aforementioned applicant meets all requirements for financial responsibility as defined in proposed and effective regulations promulgated by the South Carolina Department of Health and Environmental whereby a Used Oil Transporter shall have and maintain financial responsibility for sudden and accidental occurrences in a minimum amount of \$1,000,000 each person, \$1,000,000 each occurrence of bodily injury and \$1,000,000 property damage each occurrence. Coverage must provide for claims arising out of injury to persons, property or the environment including the spillage of used oil while such wastes are being transported and including the costs of cleaning up the spill. Such liability coverage must be maintained at all times while the registration is in force.

**Underlying or Primary Carrier**

**Excess Liability Carrier**

\_\_\_\_\_  
Signature of Authorized Representative of Insurer (must be original signature)

\_\_\_\_\_  
Signature of Authorized Representative of Insurer (must be original signature)

Type Name \_\_\_\_\_

Type Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please return to:  
SCDHEC  
Division of Mining and Solid Waste Management  
2600 Bull Street  
Columbia, SC 29201

## Instructions for Completing DHEC 2717 Used Oil Transporter Certificate of Insurance Bureau of Land & Waste

**Purpose:** This form is used to list the Carriers Insurance Policies and their limits as proof that they meet the requirements for Financial Responsibility as required by law for transporting Used Oil.

**Explanation:** This form is used to list all insurance policies required by law to conduct business as a Used Oil Transporter. All of the policy limits should be listed and the form should be accompanied by a current copy of the policy/policies listed.

**Instructions:**

1. **Name and Address of Insured:** Fill in with the name and address of the person or company that is transporting the used oil.
  
2. **Name and Address of the Company Affording Coverage:** Fill in the name and address of the insurance company providing coverage.
  
3. **Type of Insurance:** List all of the policies required by law for Financial Assurance included but not limited to:
  - a. Motor Vehicle Liability
  - b. General Liability
  - c. Umbrella Liability or Excess Liability
  - d. Workers Compensation and Employers' Liability
  
4. **Is this Fleet Coverage:** Answer Yes or No.
  
5. **If the answer to #4 is No,** please list below the motor vehicles covered by above policy by:
  - a. Make
  - b. Model
  - c. Serial Number
  - d. General Description of vehicle including capacity, etc. (if additional space is needed, please use a separate sheet)

**Underlying of Primary Carrier:**

Get the signature of Authorized Representative (must be an original signature)

Type or print Name of the Authorized Representative

Type or print the Authorized Representative's

Type or print the Insurer's address

Type or print the date, Policy number and the Insurer's phone number

**Excess Liability Carrier:**

Get the signature of Authorized Representative (must be an original signature)

Type or print Name of the Authorized Representative

Type or print the Authorized Representative's

Type or print the Insurer's address

Type or print the date, Policy number and the Insurer's phone number

**Please return Signed Original to:**

**SCDHEC – BLWM  
ATTN: Used Oil Transporter Registration  
Division of Compliance and Enforcement  
2600 Bull Street  
Columbia, SC 29201-1708**

**Office Mechanics and Filing:** The Division of Compliance and Enforcement will securely file and retain the original Certificate. File retention is three years from the termination date of the registration.