



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 12, 2010

Jan Barnes
Tampa Transflo Terminal
6735 Southpoint Dr S # J975
Jacksonville, FL 32216-6177

Re: Florida Hazardous Waste Transporter Approval

Dear Jan Barnes:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Jan Barnes
January 12, 2010
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Tampa Transflo Terminal

FACILITY ID NO: FLR000105338

FACILITY ADDRESS: 504B N 34th St
Tampa, FL 33605-6200

INSURANCE CARRIER: OLD REPUBLIC INSURANCE

INSURANCE POLICY#: MWZZ50409

EFFECTIVE DATE: March 09, 2009

EXPIRATION DATE: October 01, 2010

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: *Aprilia Graves* DATE: January 12, 2010
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755



December 22, 2009

Rick Neves

Department of Environmental Protection
Waste Management Division – HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**RE: 8700-12FL – Florida Notification of Regulated Waste Activity
TRANSFLO Terminal Services, Inc.**

Dear Mr. Neves:

Enclosed please find two copies of the completed 8700-12FL forms for each the four (4) TRANSFLO Terminals. The completed forms are used to notify the Florida Department of Environmental Protection (FDEP) of regulated waste activities which take place at our terminals as required by Rule 62-730.171, Florida Administrative Code (F.A.C.).

The completed forms are being submitted as the annual notification for the four terminals listed below which are Used Oil Transfer Facilities. The annual registration fee of \$100 per facility for a combined total \$400, check number 6343749, will be mailed under separate cover for the following terminals:

<u>Facility Name</u>	<u>EPA ID</u>
Ft. Lauderdale TRANSFLO Terminal	FLD984253542
Jacksonville TRANSFLO Terminal	FLD984253526
Sanford TRANSFLO Terminal	FLD984253641
Tampa TRANSFLO Terminal	FLR000105338

The completed forms are also being submitted as the annual notification for the two terminals listed below which are Hazardous Waste Transfer Facilities. As required to accompany these forms are the Hazardous Waste Transporter Status Forms and the Hazardous Waste Transporter Certificate of Liability Insurance for the following terminals:

<u>Facility Name</u>	<u>EPA ID</u>
Jacksonville TRANSFLO Terminal	FLD984253526
Tampa TRANSFLO Terminal	FLR000105338

If you have any questions or concerns regarding the enclosed information, please contact me at (904) 279-6337 or via email at lwiedemann@transflo.net or Jan M. Barnes at (904) 279-6323 or via email jbarnes@transflo.net.

Sincerely,

Lisa M. Wiedemann
Manager – HSE and Quality

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: TRANSFLO Terminal Services, Inc.

Transporter EPA ID: FLR 000 105 338

Location Address: 504 North 34th Street

Tampa, FL 33605

Contact: Jan M. Barnes

Telephone: (904) 279-6323

Mailing Address: 6735 Southpoint Drive South; Bldg II J-975

Jacksonville, FL 32216

II. Insurance Information:

Insurance Company Old Republic Insurance Company

Address 445 South Moorland Road

Brookfield, WI 53005

Contact: Diann Morshead

Telephone: (904) 359-7506

Policy Number: MWZZ50409

Expiration date: October 01, 2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001; D008; D009; D010; D011; D035; F001; F002; F003; F004; F005

Comments: These codes are representative of waste streams handled at other TRANSFLO

terminals. They may vary based upon actual customer business requirements.

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Jan M. Barnes

Director - HSE & Quality

Print/Type Name

Title

Jan M. Barnes

12/17/09

Signature

Date Signed


V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility

through 10/1/2010

Date

APPROVED by Tiffany A. Noland, changes approved by the Certifier by phone 1/12/2010

Signature of Florida Department of Environmental Protection Representative Date Signed

 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received For FDEP Official Use Only <div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; right: 0;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; position: absolute; top: 10px; right: 10px;">DEC 13 2009</div>	
EPA ID F L R 0 0 0 1 0 5 3 3 8		MTS BY: BSHW	
1. Reason for Submittal		Mark 'X' in correct box: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> Is this the final notification (see instructions) for the facility?	
2. Facility or Business Name <div style="text-align: center; font-size: 1.2em;">TampaTRANSFLO Terminal</div>		FEID No. 5 9 - 3 6 5 5 5 8	
3. Facility Operator <small>(List additional Operators in the comments section).</small>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Name of Operator: <div style="text-align: center; font-size: 1.1em;">Kinder Morgan Material Services</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Street or P.O. Box: 333 Rouser Rd </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> City or Town: Moon Township </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> State: PA Zip Code: 15108 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </div>	
4. Facility Physical Location Information		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Physical Street Address: <div style="text-align: center; font-size: 1.1em;">504 North 34th Street</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> City or Town: Tampa </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> State: FL Zip Code: 33605 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> County: Hillsborough </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Latitude: 27 57 06.0000 Longitude: 82 25 22.0000 Method: _____ <div style="text-align: center; font-size: 0.8em;">d d m m s s . ssss d d m m s s . ssss Datum:</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> If available, please attach a map or sketch of the facility boundaries. </div>	
5. Facility North American Industry Classification System (NAICS) Code(s)		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> A. 488210 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> B. _____ </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> C. _____ </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> D. _____ </div>	
6. Facility or Business Mailing Address		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Street Address or P.O. Box: <div style="text-align: center; font-size: 1.1em;">6735 Southpoint Drive S., J-975</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> City or Town: Jacksonville </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> State: FL Zip Code: 32216 </div>	
7. Facility or Business Contact Person		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> First Name: Jan Last Name: Barnes Title: Director-HSE&Q </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Phone Number: 904-279-6323 Extension: _____ E-Mail: jbarnes@transflo.net </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Street or P.O. Box: <div style="text-align: center; font-size: 1.1em;">6735 Southpoint Drive S., J-975</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> City or Town: Jacksonville </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> State: FL Zip Code: 32216 </div>	
8. Real Property (Land) Owner of the Facility's Physical Location <small>(List additional real property owners in the comments section.)</small>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Name of Real Property (Land) Owner: <div style="text-align: center; font-size: 1.1em;">CSX</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> New Owner Date became Owner: ____/____/____ Unknown mm dd yy </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Street or P.O. Box: 500 Water Street </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> City or Town: Jacksonville </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> State: FL Zip Code: 32202 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </div>	

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company Old Republic Insurance CompanyAddress 445 South Moorland Road, Brookfield, WI 53005Contact Diann Morshead - CSX CorporationTelephone 904-359-7506Policy Number MWZZ50409Expiration date 10-01-2010d. **Transportation Mode** ☐ Air ☒ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:**Storage Volume 100,000 gallons☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☒ **Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed. Mailed under separate cover

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLR000105338

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D029	11	D035	12	D043	13	F001	14	F002
15	F003	16	F004	17	F005	18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: 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 assure that qualified personnel properly gather and evaluate the information submitted. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
<i>Jan M. Barnes</i>	Jan M. Barnes	12/17/2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form) _____

(Phone Number) _____

(E-mail Address) _____

13. Comments:

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Old Republic Insurance Company
(Name of Insurer)
445 South Moorland Road, Brookfield, WI 53005
(the "Insurer"), of (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

TRANSFLO Terminal Services, Inc.
(Name of Insured)
6735 Southpoint Drive, S Jacksonville, FL 32216
(the "Insured"), of (Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD984253526	TRANSFLO Jacksonville	116 Druid St, Jacksonville FL 32254
FLD000105338	TRANSFLO Tampa	504 N. 34th St., Tampa, FL 33605

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ \$1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MWZZ50409, issued on 03/09/2009.

The effective date of said policy is 03/09/2009 (date) and the expiration date of said policy is 10/01/2010 (date).


This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A for each accident in excess of the underlying limit of \$ N/A for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

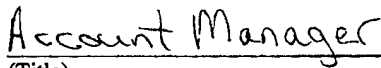
I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Brenda Linton

(Typed name)



(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 South Moorland Road, Brookfield, WI 53005

(Address of Representative)