



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

February 26, 2010

Jay Daniel
Moran Environmental Recovery LLC
251 Levy Rd
Atlantic Beach, FL 32233-2613

Re: Florida Hazardous Waste Transporter Approval

Dear Jay Daniel:

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.

Jay Daniel
February 26, 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: Moran Environmental Recovery LLC

FACILITY ID NO: FLD092718576

FACILITY ADDRESS: 251 Levy Rd
Atlantic Beach, FL 32233-2613

INSURANCE CARRIER: CHARITIS SPECIALTY INSURANCE

INSURANCE POLICY#: PROP15924922

EFFECTIVE DATE: February 28, 2010

EXPIRATION DATE: February 28, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: February 26, 2010
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755



February 12, 2010

Ms. Sebreana Bolton
Florida Dept of Environmental Protection
2600 Blair Stone Road, MS 4550
Tallahassee, FL 32399

Reference: 2010 8700-12FL Permit Application

Dear Ms. Bolton:

Enclosed you will find the following documents pertaining to the 2010 renewals for Moran Environmental Recovery.

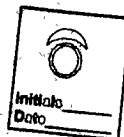
1. Form 8700 – Florida Notification of Regulated Waste Activity
2. Hazardous Waste Transporter Status Form
3. Universal Waste Checklist
4. E-mail from Aprilia Graves explaining that we don't need to submit the Used Oil Training Program at this time. (It was just approved in January)
5. Check No. 035934 in the amount of \$100 for the Used Oil Transporter Fee

Also please note, that there has been no change in our Insurance since the last approval back in May of 2009. Thank you for your attention to this matter and please feel free to contact the undersigned with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Maria Fiore Taylor'.

Maria Fiore Taylor
Director of Quality



Enclosures

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Moran Environmental Recovery, LLC

Transporter EPA ID: FLD 092 718 576

Location Address: 251 Levy Road
Atlantic Beach, FL 32233

Contact: Jay Daniel Telephone: 904-241-2200

Mailing Address: 251 Levy Road
Atlantic Beach, FL 32233

II. Insurance Information:

Insurance Company: Chartis Insurance

Address: 185 Asylum St.

Hartford, CT New York, NY 10270

Contact: Willis of CT Telephone: 860-756-7351

Policy Number: 15924922

Expiration date: 2/28/2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D003 D008 Do18 F003 F005

Comments: _____

IV. Certification:

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

Maria Fiore Taylor

Director of Quality

Print/Type Name

Title

Maria Fiore Taylor

2/9/10

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 2/28/2011 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 2/26/2010

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)

FEB 19 2010

RV: DEPT

EPA ID **F L D 0 9 2 7 1 8 5 7 6**

MTS:

RCRAInfo

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide subsequent notification (to update status and facility identification information).
- ☐ Is this the final notification (see instructions) for the facility?

**2. Facility or
Business Name**

Moran Environmental Recovery, LLC

FEID No.

2 6 0 0 1 6 8 1 4

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:
Moran Environmental Recovery, LLC

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box: 251 Levy Road

Phone Number: 904-241-2200

City or Town: Atlantic Beach

State: FL

Zip Code: 32233

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____

**4. Facility Physical
Location
Information**

Physical Street Address: 251 Levy Road

City or Town: Atlantic Beach

State: FL

Zip Code: 32233

County: Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: **3 0 2 0 0 7 .** Longitude: **8 1 2 5 1 1 .** Method:
d d m m s s . ssss d d m m s s . ssss Datum:

**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A. 562910

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box: P.O. Box 330569

City or Town: Atlantic Beach

State: FL

Zip Code: 32233

**7. Facility or
Business Contact
Person**

First Name: Jay

Last Name: Daniel

Title: SE Regional VP

Phone Number: 904-241-2200

Extension:

E-Mail: jdaniel@moranenvironmental.com

Street or P.O. Box: 251 Levy Road

City or Town: Atlantic Beach

State: FL

Zip Code: 32233

**8. Real Property
(Land) Owner
of the Facility's
Physical Location**
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:
251 Levy Road, LLC

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box: P.O. Box 330358

Phone Number: 904-249-7607

City or Town: Atlantic Beach

State: FL

Zip Code: 32233

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____

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 American International Surplus LinesAddress 185 Asylum Street, 25th Floor
Hartford, CT 06103Contact Willis of CT Telephone 860-756-7351Policy Number 15924922 Expiration date 02-28-2010d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: Storage Volume _____☐ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	149
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	150

(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

(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.

Maria Fiore Taylor
Signature of Authorized Person

Maria Fiore Taylor
Print Name of Authorized Person

(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.

(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

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	D003	3	D008	4	D018	5	F003	6	F005	7
8		9		10		11		12		13		14
15		16		17		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.

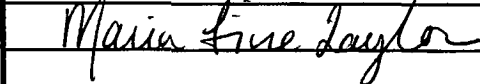
Contact _____ Phone _____

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)**Maria Fiore Taylor
Director of Quality

2/9/10

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:

Subject : RE: Reading Confirmation: Florida Used Oil Transporter Registration Letter for Moran Environmental Recovery LLC_Atlantic Beach (FLD092718576)
Date : Wednesday, February 03, 2010 10:25 am
Linked to: Aprilia Graves (Richard Neves)
From : "Graves, Aprilia" <Aprilia.Graves@dep.state.fl.us>
To : Maria Taylor <mtaylor@moranenvironmental.com>

Maria,

Please note the Letter of Approval is valid until June 30, 2010 - it covers the period from July 1, 2009 to June 30, 2010. Pursuant Rule 62-710.500 F.A.C., by March 1 2010 the Department must receive the annual renewal documents covering the period July 1, 2010 to June 30, 2011

Your facility should have already received by email the renewal reminder. Please submit all the required documents along with the registration fee. You will not need to resubmit the UO transporter Training Manual since we just finished the review and approval process. Please include this email in your renewal package so that when received, the package will not be deemed incomplete and returned to you because of missing the training manual.

I am sorry for this quick turnaround in submitting documents. Please let me know if you have any questions or concerns.

Sincerely,

Aprilia Graves

-----Original Message-----

From: Maria Taylor [<mailto:mtaylor@moranenvironmental.com>]
Sent: Wednesday, February 03, 2010 10:09 AM
To: "Graves, Aprilia" <Aprilia.Graves@dep.state.fl.us>
Subject: Reading Confirmation: Florida Used Oil Transporter Registration Letter for Moran Environmental Recovery LLC_Atlantic Beach (FLD092718576)

Your message

To: Jay Daniel <jdaniel@moranenvironmental.com>
Cc: Maria Taylor <mtaylor@moranenvironmental.com>
Subject: Florida Used Oil Transporter Registration Letter for Moran Environmental Recovery LLC_Atlantic Beach (FLD092718576)
Sent: Wed, 3 Feb 2010 10:02:15 -0500

was read on Wed, 3 Feb 2010 10:08:46 -0500

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
2/22/2010

PRODUCER Willis of Connecticut, LLC 185 Asylum Street 25th Floor Hartford, CT 06103-3708	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Moran Environmental Recovery, LLC 75 D. York Ave Randolph, MA 02368	INSURERS AFFORDING COVERAGE INSURER A: Chartis Insurance INSURER B: National Union Fire Insurance C INSURER C: INSURER D: INSURER E:	NAIC # 124 19445

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	15924922	02/28/10	02/28/11	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	B	AUTOMOBILE LIABILITY	934367 934366	02/28/10 02/28/10	02/28/11 02/28/11	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> MCS-90					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	15925243	02/28/10	02/28/11	EACH OCCURRENCE	\$10,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$10,000,000
							\$
		DEDUCTIBLE					\$
	<input checked="" type="checkbox"/>	RETENTION \$ 10000					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC6506877 **USL&H INCLUDED**	02/28/10	02/28/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
A		OTHER Contractor Pollution/Prof. Liability	15924922	02/28/10	02/28/11	\$1,000,000/\$2,000,000 \$50,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Florida Department of Environmental Protection is noted as additional insured with respect to general liability and auto. liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION****10 Days for Non-Payment**

Florida Department of
Environmental Protection Attn:
Mail
Station 2600 Blair Stone Rd.,
M/S 4595
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.