



## 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

June 28, 2010

William Parkes  
Cliff Berry Inc  
PO Box 13079  
Fort Lauderdale, FL 33316- 0100

### BE IT KNOWN THAT

Cliff Berry Inc  
1518 Talleyrand Ave  
Jacksonville, FL 32206- 5436

### IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Processor, Marketer, Filter Transporter,  
Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLR000119784** on June 28, 2010  
Insurance Carrier: **XL INSURANCE AMERICA INC**

**This registration will expire on 06/30/2011**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



# 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 DEP Official Use Only)

Received

JUN 23 2010

BSHW

EPA ID F L R 0 0 0 1 1 9 7 8 4

MTS

## 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

Cliff Berry, Inc. - Jacksonville Facility

FEID No.

6 5 0 5 1 1 1 1 4

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

Name of Operator:

Cliff Berry, Inc. (CBI)

☐ New Operator

Date became Operator: - / - / 2005  
mm dd yy

Street or P.O. Box:

P.O. Box 13079

Phone Number: (954) 763-3390

City or Town:

Fort Lauderdale

State: FL

Zip Code: 33316

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

1518 Talleyrand Avenue

City or Town:

Jacksonville

State: FL

Zip Code: 32206

County: Duval

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

Latitude: 3 0 2 0 3 4 . N Longitude: 8 1 3 7 5 3 . W  
d d m m s s . ssss d d m m s s . ssss

Method:  
Datum:

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

A. 562219

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State: FL

Zip Code: 33316

## 7. Facility or Business Contact Person

First Name:

William

Last Name:

Parkes, Jr.

Title: Mgr Reg Affairs

Phone Number:

(954) 763-3390

Extension:

124

E-Mail:

bparkes@cliffberryinc.com

Street or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State: FL

Zip Code: 33316

## 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:

C-2 Holdings, Inc.

☐ New Owner

Date became Owner: - / - / 2005  
mm dd yy

Street or P.O. Box:

P.O. Box 350123

Phone Number: (954) 763-3390

City or Town:

Fort Lauderdale

State: FL

Zip Code: 33335

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**A. Hazardous Waste Activities:**

(Choose only one of the following three categories.)

- In addition, indicate other generator activities that apply.**

- (6) ☐ **Underground Injection Control** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.



**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 checked="" type="checkbox"/>	<input type="checkbox"/>	3,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,000

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, 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.

  
Signature of Authorized Person

Cliff Berry, II

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



EPA ID No.

FLR000119784

**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	2	3	4	5	6	7
8	9 See	10 Atta	11 ched	12 Shee	13 t	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

Cliff Berry, II, President

Date Signed  
(mm-dd-yyyy)

2/12/2010

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

William E. Parkes, Jr.

(954) 763-3390

bparkes@cliffberryinc.com

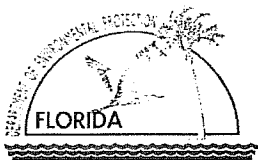
(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

Note: CBI uses SIC Code 1799 for the OSHA 300 Logs



Department of Environmental Protection  
FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 2009 through December 31, 2009

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Cliff Berry, Inc. (JAX) 2. Telephone No. (954) 763 3390  
Site Address: 1518 Talleyrand Ave.  
Jacksonville, FL 32206 3. EPA ID No. FLR 000119784  
☐ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) Daniel T. Forehand  
Title Manager Phone number (if different from #2, above) ( )
5. Type of operation (check as many as apply to your operations)  
Used Oil: ☒ Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point ☒ Processor ☒ Marketer  
☐ Burner (of off-specification used oil)  
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	27136	430415	41511	499062
b. From out of state.....		73000		73000
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				572062

	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing.....	565262	
O - Marketed as an on-specification used oil fuel.....		
F - Marketed as an off-specification used oil fuel.....		
I - Marketed for an industrial process.....		
B - Burned as an off-specification used oil fuel .....		
D - Disposed of		
Landfilled.....		
Treated at a wastewater treatment unit.....		
Incinerated.....		
3. Total amount (in gallons) of used oil managed.....	565262	
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	6800	

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	60396	
3. Total number of used oil filters to manage (1 plus 2).....	60396	
4. Disposition of used oil filters collected:	56082	
a. Transferred to another registered facility.....		
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	56082	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	4314	
6. Gallons of used oil collected as a result of filter processing.....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....		
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One <b>55</b> -gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		06/11/2010												
PRODUCER 800-243-6899 FAX 407-788-2503 Insurance Office of America, Inc. 100 NE Third Avenue Suite 850 Ft. Lauderdale, FL 33301		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 Cliff Berry, Inc. PO Box 13079 Ft. Lauderdale, FL 33316														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: XL Specialty Ins Co (A)</td> <td>37885</td> </tr> <tr> <td>INSURER B: Greenwich Ins Co (A)</td> <td>22322</td> </tr> <tr> <td>INSURER C: XL Capital Ltd (A)</td> <td>56813</td> </tr> <tr> <td>INSURER D: Indian Harbor Ins Co (A)</td> <td>36940</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: XL Specialty Ins Co (A)	37885	INSURER B: Greenwich Ins Co (A)	22322	INSURER C: XL Capital Ltd (A)	56813	INSURER D: Indian Harbor Ins Co (A)	36940	INSURER E:	
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INSURER D: Indian Harbor Ins Co (A)	36940													
INSURER E:														

<b>COVERAGES</b> 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	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	GEC000638810	12/31/2009	12/31/2010	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE	\$ 2,000,000			PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> BROAD POLLUTION	AEC000638910	12/31/2009	12/31/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UEC000639310 WRAP-UP EXCL	12/31/2009	12/31/2010	EACH OCCURRENCE	\$ 9,000,000
		AGGREGATE				\$ 9,000,000	
						\$	
						\$	
							\$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WEC0001272810 USL&H INCLUDED	12/31/2009	12/31/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		E.L. EACH ACCIDENT				\$ 1,000,000	
		E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	
		E.L. DISEASE - POLICY LIMIT				\$ 1,000,000	
D		<b>OTHER Professional &amp; Pollution Liability (CEL)</b>	PEC000639010	12/31/2009	12/31/2010	Each Loss: \$2,000,000 Policy Aggregate: \$2,000,000 Retention: \$50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder as Contractor is Additional Insured as respects General Liability when required by written contract.

\*10 Day Notice of Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER	CANCELLATION
Florida Department of Environmental Protection Bob Martinez Center 2600 Blair Stone Road 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 <b>30*</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE
	John Harrold/TRICIA





Department of Environmental Protection  
FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

FDEP Form 602-710.601(4)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. XL Coverage America, Inc. (the Insurer), Seaview House, 70 Seaview Avenue, Stamford, CT 06902-6040  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Cliff Berry, Inc. (the Insured),  
(Name of the Insured) FLR000009266 Fort Pierce  
851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316 whose EPA Identification number is FLR000013888 Jacksonville  
(Address of the Insured) FLD058560699 Miami FLR000119784 Cocoa  
FLR000009266 Fort Pierce FLR000083071 Port Everglades

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 CSL less the deductible or  
retention of \$ 10,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,  
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number AEC000638910, issued on December 31, 2009  
(Date)

The expiration date of said policy is December 31, 2010 or the annual renewal date is December 31, 2010  
(Date) (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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida.

[Signature]  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

John Harrold

Insurance Office of America (IOA)

(Type Name)

(Name of Insurer)

Resident Agent

100 NE 3rd Avenue, Ste 850, Ft. Lauderdale, FL 33301

(Title)

(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [schrena.peck@dep.state.fl.us](mailto:schrena.peck@dep.state.fl.us), OR Phone (850) 245-8755, email: [richard.neves@dep.state.fl.us](mailto:richard.neves@dep.state.fl.us)