



Department of Environmental Protection
Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 992-791-888(15)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date March 25, 1997

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. American International Spec (the Insurer). 11400 S.W. Financial Dr. 401 Plaza 3 New Jersey City
(Name of the Insurer) (Address of the Insurer) New Jersey, 07311

hereby certifies that it has issued liability insurance covering bodily injury and property damage for sudden accidental occurrences to Machine Industrial Services (the Insured). P.O. Box 43175 Jacksonville 32203
(Name of the Insured) (Address of the Insured)

whose EPA Identification number is _____ in connection with the Insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2)(d). The insurance is primary and the company shall be liable for amounts up to \$ 2 mil aggregate less the deductible or retention of \$ _____ 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 9351760, issued on 8/25/2001. The expiration date of said policy is 8/25/2002 or the annual renewal date is 08/25.
(Date) (Date) (Date)

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

- Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- 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-five (35) days after a copy of such written notice is received by the Secretary of the FDEP as evidence by certified mail return receipt.
- 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 of Insurer or Authorized Representative)

Harrison T. Bucklew
(Type Name)

Agent
(Title)

Authorized Representative of

American International Specialty
(Name of Insurer)

150 N. Westmonte Drive Alt 3005 32214
(Address of Representative)

DOCKET #

02.5

TOTAL P.01