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

06/22/2010

Alan Chandler, President
AAG Environmental Inc
PO Box 959
Newberry, FL 32669-0959

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for AAG Environmental Inc located at **25370 NW 8th Ln, Newberry.**

FLR000167635

Your facility notified FDEP requesting the following status/activities:

HW Transporter, Non-handler of Hazardous Waste
Small Quantity Handler, Universal Battery Transporter, Universal Pesticide Transporter, Universal Device Transporter, Off-site Waste Receipt

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.
Sincerely,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 94605 , Email Address: alan.chandler@aagenvironmental.com
Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000167635

Florida Department of Environmental Protection

Northeast District Office
7825 Baymeadows Way, Suite 200B
Jacksonville, Florida 32256-7590

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 16, 2010

Mr. Alan Chandler, President
AAG Environmental
PO Box 959
Newberry, Florida 32669-1199

Re: Authorization to Consolidate Hazardous Waste from Conditionally Exempt Small Quantity Generators
AAG Environmental
25370 NW 8th Lane, Newberry, Florida
Alachua County – Hazardous Waste

Dear Mr. Chandler:

On May 18, 2010, the Florida Department of Environmental protection (DEP) received your letter dated May 17, 2010, requesting formal authorization for your new facility at 25370 NW 8th Lane in Newberry, Alachua County, Florida, to manage hazardous waste from conditionally exempt small quantity generators (CESQGs) pursuant to Rule 62-730.220(5), Florida Administrative Code (F.A.C.). DEP hereby approves your request with the understanding that the Authorization is limited to the circumstances described in your May 17, 2010, letter to DEP, and that your facility will observe the following management practices:

1. Provide CESQGs with written disposal records that document the type and amount of hazardous waste delivered, the date of delivery, the name and address of both the generator and AAG Environmental. AAG Environmental must maintain copies of these records.

2. Ensure that the waste is:

   a) Separated from incompatible materials.

   b) Stored in closed, properly labeled containers that are in good condition and appropriate to the nature of the waste.

c) Provided with adequate aisle space to allow for periodic inspections and access for emergency fire control and spill control equipment.

d) Managed only by persons with appropriate HAZWOPER and HAZMAT training.

3. Comply with all USDOT shipping requirements when preparing waste for shipment off site.

4. Dispose of hazardous wastes to facilities authorized to manage hazardous waste by the USEPA in accordance with Rule 62-730.030(2), FAC. Copies of disposal records must be maintained.

This authorization replaces and supersedes the letter dated April 3, 2009, related to consolidating CESQG waste at 25145 NW 8th Place, Suite 10 in Newberry, Florida. If we can provide you with any additional assistance, or if you have any questions, please call Pamela Fellabaum at 904.807.3380.

Sincerely,

Gregory J. Strong
District Director

GJS/pf

cc: Tim Bahr, Hazardous Waste Regulation Section
Agusta Posner, OGC, Mail Station 35

NOTICE OF RIGHTS

1. A person whose substantial interests are determined by this authorization (order) has the right to a formal or informal administrative proceeding (hearing) pursuant to Sections 120.569 and 120.57(1), Florida Statutes (F.S.) A formal hearing is held where the substantially affected person disputes any issue of material fact.

2. At a formal hearing, the substantially affected person will have the opportunity to be represented by counsel, to present evidence and argument on all issues involved, to conduct cross-examination and submit rebuttal evidence, to submit proposed findings of fact and orders, and to file exceptions to any order or hearing office's recommended order. At an informal proceeding, where no material fact is in dispute, the substantially affected person will have the opportunity to be represented by counsel, to present to the agency written or oral evidence in opposition to the Department's action, or to present a written statement challenging the grounds upon which the Department is justifying its action.

3. A formal or an informal proceeding is commenced by filing a written "Petition for Administrative Proceeding" within 21 days of receipt of this authorization. The petition must be in the form required by Rule 28-106.201(2) Florida Administrative Code (F.A.C.) A petition is "filed" when it is received by the Department of Environmental Protection, Agency Clerk, Office of General Counsel, 3900 Commonwealth Boulevard, MS 35, Tallahassee, Florida 32399-3000.

4. The right to a formal or an informal proceeding will be waived if a petition is not filed with the Department within 21 days of the date the substantially affected person receives notice of this authorization. These time limits may be varied only by written order of the Department in response to a motion that complies with the requirements of Rule 28-106.111(3), F.A.C.

5. Mediation is not available in the context of this authorization.

6. A party who is adversely affected by this authorization when it becomes final is entitled to judicial review pursuant to Section 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure and are commenced by filing one copy of a Notice of Appeal with the Agency Clerk, Department of Environmental Protection, Office of General Counsel, 3900 Commonwealth Boulevard, MS 35, Tallahassee, Florida 32399-3000, and a second copy, accompanied by filing fees prescribed by law, with the First District Court of Appeal or with the District Court of Appeal in the Appellate District where the party resides. The Notice of Appeal must be filed within 30 days of the date the authorization becomes Final. The authorization becomes Final on the letterhead date, unless a timely petition for formal hearing or informal proceeding is filed as outlined in this notice.

AAG ENVIRONMENTAL

Post Office Box 959 Newberry, FL 32669-1199
800-472-9251 352-472-7295 Fax 352-472-6097

We'll Take It From Here...

May 17, 2010

Aprilia Graves
Hazardous Waste Regulation Section
Florida Department of Environmental Protection
2600Blair Stone Road
Tallahassee, FL 32399-2400

re: FLR000141259

Dear Ms. Graves,

Enclosed please find two applications. We have recently purchased our own building and expect to move by the end of the month. Of the two applications, the first is intended to close out the ID number for our current location (25145 NW 8 Place, Suite 10), while the second is intended to secure us a new facility ID number for our new location (25370 NW 8 Lane), both in Newberry, Alachua County, FL. I hope that I have provided you with all pertinent information, but if I did miss anything, please either call us or email me at alan.chandler@aagenvironmental.com. Thank yoiu.

Sincerely,

Alan B. Chandler
President

enclosures

Are your services commercially available?_____

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:
   Transporter Name: AAG ENVIRONMENTAL, INC
   Transporter EPA ID: _____
   Location Address: 25370 NW 8 LANE
   NEWBERRY, FL 32669
   Contact: Alan Chandler Telephone: 352-472-7285
   Mailing Address: P.O. Box 959
   NEWBERRY, FL 32669

II. Insurance Information:
   Insurance Company HUDSON INSURANCE CO.
   Address 17 STATE STREET 30TH FLOOR
   NEW YORK, NY 10004
   Contact: JIM SKILES Telephone: 352-244-5331
   Policy Number: ECC10100457801
   Expiration date: 12/15/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D004 D018 D035 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.

Alan B. Chandler — President
Print/Type Name — Title

Signature — 5/7/10 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_____.
Date

_____
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 Official Use Only)
Received
MAY 24 2010
BSHW
RCRAInfo

EPA ID

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: AAG Environmental, Inc.

FEID No.: 0 6 1 5 1 1 7 0 2

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

- **Name of Operator:** AAG Environmental, Inc.
- ☒ New Operator — **Date became Operator:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** P.O. Box 959
- **Phone Number:** 352-472-7295
- **City or Town:** Newberry
- **State:** FL
- **Zip Code:** 32669
- **Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

4. Facility Physical Location Information

- **Physical Street Address:** 25370 NW 8 Lane
- **City or Town:** Newberry
- **State:** FL
- **Zip Code:** 32669
- **County:** Alachua
- **If available, please attach a map or sketch of the facility boundaries.**
- **Latitude:** 29 (dd) 39 (mm) 22.38N (ss.ssss) **Longitude:** 82 (dd) 36 (mm) 39.12W (ss.ssss) **Method:** GPS **Datum:**

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

A. 562910	B. 541620
C. 562112	D.

6. Facility or Business Mailing Address

- **Street Address or P.O. Box:** P.O. Box 959
- **City or Town:** Newberry
- **State:** FL
- **Zip Code:** 32669

7. Facility or Business Contact Person

- **First Name:** Alan
- **Last Name:** Chandler
- **Title:** President
- **Phone Number:** 352-472-7295
- **Extension:**
- **E-Mail:** alan.chandler@aagenvironmental.com
- **Street or P.O. Box:** P.O. Box 959
- **City or Town:** Newberry
- **State:** FL
- **Zip Code:** 32669

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:** A M Properties of Newberry, LLC
- ☒ New Owner — **Date became Owner:** 04/16/10 (mm dd yy)
- **Street or P.O. Box:** P.O. Box 1199
- **Phone Number:** 352-215-2162
- **City or Town:** Newberry
- **State:** FL
- **Zip Code:** 32669
- **Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

EPA ID No.

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 Hudson Insurance Co.

Address 17 State Street, 30th Floor, New York, NY 10004

Contact _____ Telephone 212-978-2800

Policy Number ECC10100457801 Expiration date 12/15/2010

d. 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**

EPA ID No.

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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☐	☒	☐	< 5,000 kg
b. Pesticides	☐	☒	☐	< 5,000 kg
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☒	☐	< 5,000 kg
e. Mercury Containing Lamps	☐	☐	☐	

(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

(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.

(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 orginally 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.

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 D002	3 D003	4 D004	5 D018	6 D035	7 F003
8 F005	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)
	Alan B. Chandler, President	05/17/2010

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:

Client#: 27554 2AAGENV

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/09

PRODUCER
Willis of Florida, Inc.
4880 Newberry Road, Ste. 100
Gainesville, FL 32635-7400
352 378-2511

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
AAG Environmental, Inc.
P.O. Box 959
Newberry, FL 32669

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hudson Insurance Co	25054
INSURER B: Safeco Insurance Co.	24740
INSURER C:	
INSURER D:	
INSURER E:	

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	ECC10100457801	12/15/09	12/15/10	EACH OCCURRENCE	$1,000,000
		[X] COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
		[ ] CLAIMS MADE [X] OCCUR				MED EXP (Any one person)	$5,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$2,000,000
		[ ] POLICY [ ] PRO-JECT [ ] LOC					
B		AUTOMOBILE LIABILITY	24CC2646982	12/15/09	12/15/10	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
		[X] ANY AUTO					
		[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		[ ] SCHEDULED AUTOS					
		[X] HIRED AUTOS				BODILY INJURY (Per accident)	$
		[X] NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		[ ] ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		[ ] OCCUR [ ] CLAIMS MADE				AGGREGATE	$
							$
		[ ] DEDUCTIBLE					$
		[ ] RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
A		OTHER Professional	ECC10100457801	12/15/09	12/15/10	$1,000,000/$2,000,000	
		Contractors	ECC10100457801	12/15/09	12/15/10	$1,000,000/$2,000,000	
		Pollution				$5,000 deductible	

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

$200,000 Blanket Leased Equipment: Assurance Co. of America Policy #EC67193674.
Policy Term: 2/1/09 to 2/1/10. Policy Deductible: $1,000.
Florida Department of Environmental Protection is named as Additional Insured regarding General Liability and Automobile Liability.

CERTIFICATE HOLDER

Florida Department of
Environmental Protection
Bob Martinez Center
2600 Blair Stone Rd
Tallahassee, FL 32399-2400
Attn: Gail Stephens

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 010 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
James E Stiles III

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