



Florida Department of Environmental Protection

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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

May 1, 2013

Steve Obst
Raider Environmental Services Inc
4103 NW 132nd St
Opa Locka, FL 33054-4510

Re: Florida Hazardous Waste Transporter Approval

Dear Steve Obst:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections [62-730.170](https://www.flrules.org/gateway/readFile.asp?sid=0&tid=7147559&type=1&file=62-730.170.doc) (<https://www.flrules.org/gateway/readFile.asp?sid=0&tid=7147559&type=1&file=62-730.170.doc>) and [62-730.171](https://www.flrules.org/gateway/readFile.asp?sid=0&tid=6598927&type=1&file=62-730.171.doc) (<https://www.flrules.org/gateway/readFile.asp?sid=0&tid=6598927&type=1&file=62-730.171.doc>), Florida Administrative Code(FAC). 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.

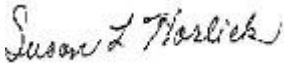
Steve Obst
May 1, 2013
Page Two

This letter does not authorize you 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.

If you have any questions, please contact me at 850/245-8778.

Sincerely,

A handwritten signature in cursive script that reads "Susan L. Horlick".

Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section

SH

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)



Florida Department of Environmental Protection

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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

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: Raider Environmental Services Inc

FACILITY ID NO: FLR000176271

FACILITY ADDRESS: 3555 E State Road 60
Mulberry, FL 33860

EXPIRATION DATE: June 30, 2014

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: *Susan L Horlick* _____ DATE: May 1, 2013
Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section
850/245-8778

Received

MAY 20 2013

BSHW

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of
Liability Insurance
Effective Date: 1-29-06
DEP Application #

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

I. ACE American Insurance Company

(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106

(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

Raider Environmental Services, Inc.

(Name of Insured)

(the "Insured"), of 5080 East State Road 60, Mulberry, FL 33860

(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:

EPA/DEP I.D. No.

Name

 Location

FLR 000 176 271

Raider Environmental
Services, Inc.

5080 East State Road 60
Mulberry, FL 33860

(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 H08451990 003, issued on July 11, 2012.

(date)

The effective date of said policy is July 11, 2012 and the expiration date of said policy
is July 11, 2013.

(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ 1,000,000 for each accident in excess of the underlying limit of
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number G24146650 003, issued on July 11, 2012. The effective date of

(date)

said policy is July 11, 2012 and the expiration date of said policy is July 11, 2013.

(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 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)

Rita Emig

(Typed name)

Senior Underwriter

(Title)

Authorized Representative of

ACE American Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

(Address of Representative)

Received

MAY 20 2013

BSHW

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of
Liability Insurance
Effective Date: 1-29-06
DEP Application #

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. ACE American Insurance Company
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106
(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

Raider Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 5080 East State Road 60, Mulberry, FL 33860
(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>
FLR 000 176 271	Raider Environmental Services, Inc.	5080 East State Road 60 Mulberry, FL 33860

(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 H08451990 003, issued on July 11, 2012.
(date)

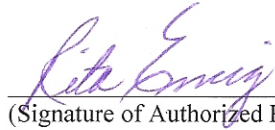
The effective date of said policy is July 11, 2012 and the expiration date of said policy is July 11, 2013.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number G24146650 003, issued on July 11, 2012. The effective date of said policy is July 11, 2012 and the expiration date of said policy is July 11, 2013.
(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 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)

Rita Emig

(Typed name)

Senior Underwriter

(Title)

Authorized Representative of

ACE American Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

(Address of Representative)