1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

Received

AUG 16 2013

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

me of Insurer)		
t, Philadelphia, PA 19106		
dress of Insurer)		
		nd property damage including
Oil Corp.		
me of Insured)		
st., Miami, FL 33166		
)	
Name	Phy	sical Address
nmental Manageme	ent Conservatio	n Oil Corp., 8470 NW
lities, identify each facilit	y insured.)	
ch accident, exclusive of		
02 issued on 8-14	-	The coverage is provided
02, issued on <u>8-14</u>	-	- The coverage is provided
y is_8-17-2013	(date)	tion date of said policy
	(date)	<u>.</u>
y is_8-17-2013	(date)	<u>.</u>
y is 8-17-2013 (date) ———· e company shall not be lia	(date) and the expirate the state of the expirate t	cion date of said policy
y is 8-17-2013 (date) ———————————————————————————————————	(date) and the expirate the description of the underlying lime.	excess of
y is 8-17-2013 (date) e company shall not be lia each accident in excess o each accident, exclusive of	(date) and the expirate the description of legal defense costs.	excess of it of
y is 8-17-2013 (date) e company shall not be lia each accident in excess o each accident, exclusive of	(date) and the expirate the description of legal defense costs.	excess of
y is 8-17-2013 (date) e company shall not be lia each accident in excess o each accident, exclusive of	(date) and the expirate the description of legal defense cost (date)	excess of it of ts. The coverage is provided The effective date of
	dress of Insurer) d liability insurance covered accidental occurrence of Insured) me of Insured) t., Miami, FL 33166 vsical Address of Insured) s obligation to demonstrat 10.600(2) and 62-730.17 Name mental Managemental Manag	dress of Insurer) d liability insurance covering bodily injury and udden accidental occurrences to Dil Corp. me of Insured) L., Miami, FL 33166 Visical Address of Insured) d obligation to demonstrate financial responsi 10.600(2) and 62-730.170. The coverage ap Name Phy Inmental Management Conservation Phy Interest identify each facility insured.) The company shall not be liable for amounts in

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

Tallahassee, Florida 32399-2400

- (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 furplus lines insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

John Harrold
(Typed name)

Vice President
(Title)

Authorized Representative of

Ace American Insurance Company

(Name of Insurer)

500 W. Cypress Creek Road, Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)