Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

Received SEP 1.7 2013

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

	ce Company	
	(Name of Insurer)	
(the "Insurer"), of 445 S	outh Moorland Road, Brookfield, WI	53005
	(Address of Insurer)	
	s issued liability insurance covering bodi n for sudden accidental occurrences to	ly injury and property damage including
TRANSFLO Terminals	s, Inc.	
	(Name of Insured)	
(the "Insured"), of 500	Water Street J975, Jacksonville, FL 3	32202
	(Physical Address of Insured)	
	sured's obligation to demonstrate financiale 62-710.600(2) and 62-730.170. The co	
EPA/DEP I.D. No.	Name	Physical Address
FLD984253526	Jacksonville TRANSFLO Terminal	3796 Warrington St. Jacksonville, FL 322
/TC ' C 1.1	1 6 1111 11 116 1 6 111 1	
(If coverage is for multip	ole facilities, identify each facility insured	1.)
This insurance is primary	y and the company shall not be liable for	amounts in excess of
This insurance is primary \$1,000,000.00	y and the company shall not be liable for for each accident, exclusive of legal defe	amounts in excess of ense costs. The coverage is provided
This insurance is primary	y and the company shall not be liable for for each accident, exclusive of legal defendables.  NTB22065 , issued on 10/01/2013	amounts in excess of ense costs. The coverage is provided
This insurance is primary \$1,000,000.00	y and the company shall not be liable for for each accident, exclusive of legal defeotors.  NTB22065, issued on 10/01/2013 (defeotors)	amounts in excess of ense costs. The coverage is provided
This insurance is <u>primary</u> \$1,000,000.00 under policy number MV  The effective date of said is 10/01/2014	y and the company shall not be liable for for each accident, exclusive of legal defendance of the company shall not be liable for for each accident, exclusive of legal defendance of the company shall not be liable for for each accident shall not be liable for for each accident, exclusive of legal defendance of le	amounts in excess of ense costs. The coverage is provided ate)
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This insurance is primary \$\frac{1,000,000.00}{1,000,000.00}\$ under policy number \frac{M\lambda}{M\lambda}\$  The effective date of said is \frac{10/01/2014}{(date)}\$  This insurance is \frac{\text{excess}}{8 \text{N/A}}\$  \$\frac{N/A}{8 \text{N/A}}\$	y and the company shall not be liable for for each accident, exclusive of legal defendance.  NTB22065 , issued on 10/01/2013 (date)  and the company shall not be liable for an for each accident, exclusive of legal date.  The provided HTML is a standard for each accident, exclusive of legal date.  The provided HTML is a standard for each accident, exclusive of legal date.	amounts in excess of ense costs. The coverage is provided ate)  the expiration date of said policy  mounts in excess of erlying limit of efense costs. The coverage is provided The effective date of ate)

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Tallahassee, Florida 32399-2400

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.

Bundatiler
(Signature of Authorized Representative of Insurer)
Brenda Linton
(Typed name)
Account Manager
(Title)
Authorized Representative of
Old Republic Insurance Company
(Name of Insurer)
445 Moorland Road Brookfield, WI 53005
(Address of Representative)



09/16/2013

Department of Environmental Protection 2600 Blair Stone Road Mail Station 4560 Tallahassee, FL 32399-2400

Re:

CSX Transportation, Inc.

EPA/DEP I.D. No.: FLD006921340

TRANSLFO Terminals, Inc.

EPA/DEP I.D. No.: FLD984253526 / FLD000105388

To whom it may concern:

Attached, please find the completed State of Florida Certificate of Liability Hazardous Waste Transporter and Used Oil Hander forms completed for the referenced entities.

Please review and advise us should you need additional assistance.

Thank you.

Michele Palmieri

Aon Risk Services, Inc. of Maryland

500 E Pratt Street

Baltimore, MD 21202

410.547.5921

847.953.0431 - fax

Cc:

Jonathan MacArthur

CSX Corporation

500 Water Street

C907

Jacksonville, FL 32202

Aon Risk Services, Inc. of Maryland 500 E Pratt Street Baltimore, MD 21202