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 23 2013
BSHW

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

1. Starr Indemnity & Liability Company
(Name of Insurer)

(the "Insurer"), of 399 Park Avenue, 8th Fl, New York, NY 10022
(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 4103 NW 132nd Street, Opa Locka, FL 33054
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
FLR 000 143 891	Raider Environmental Services Inc	4103 NW 132 Street, Opa Locka, FL 33054
FLR 000 176 271	Raider Environmental Services Inc	5080 Highway 60 East, 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 SISIPCA08268313, issued on __8/10/2013.
(date)

The effective date of said policy is_7/11/2013 and the expiration date of said policy
(date)
is 7/11/2014
(date)

This insurance is excess and the company shall not be liable for amounts in excess of $_____N/A_____for each accident in excess of the underlying limit of $_____N/A_____for each accident, exclusive of legal defense costs. The coverage is provided under policy number____N/A_____, issued on___N/A_____. The effective date of
(date)
said policy is _____N/A_____and the expiration date of said policy is __N/A_____.
(date) (date)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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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.

Alex Pittignano
(Signature of Authorized Representative of Insurer)

Alex Pittignano
(Typed name)

Vice President
(Title)

Authorized Representative of

Starr Indemnity & Liability Company
(Name of Insurer)

399 Park Avenue, 8th Fl, New York, NY 10016
(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

Received

SEP 23 2013

BSHW

Print Form

DEP Form # 62-730.900(4)(k)
Form Title HW Certificate of Liability Insurance
Effective Date January 5, 1995
DEP Application No.

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. Starr Surplus Lines Insurance Company (Name of Insurer), (the "Insurer"),

of 399 Park Avenue, 8th Fl, New York, NY 10022 (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Raider Environmental Services Inc (Name of Insured), **(the "Insured"), of**

4103 NW 132nd Street, Opa Locka, FL 33054 (Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

EPA/DEP I.D. No.	Name	Address
FLR 000 143 891	Raider Environmental Services Inc	4103 NW 132 St, Opa Locka, FL 33054
FLR 000 176 271	Raider Environmental Services Inc	5080 Highway 60 East, Mulberry, FL 33860

for:

_____ **sudden accidental occurrences**

_____ **nonsudden accidental occurrences**

X **sudden and nonsudden accidental occurrences**

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are $1,000,000 each occurrence and $ 2,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number SLSLEIL72034913 **, issued on 8/10/2013 (Date). The effective date of said policy is 7/11/2013 (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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.**

   (c) **Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.**

(d) **Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.**

(e) **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.**

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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.

Alex Pittignano

Signature of Authorized Representative of Insurer

Alex Pittignano

Type name

Vice President

Title

Authorized Representative of

Starr Surplus Lines Insurance Company

Name of Insurer

399 Park Avenue, 8th Fl, New York, NY 10022

Address of Representative

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

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER
LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences 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	Physical Address
FLR 000 143 891	Raider Environmental Services Inc	4103 NW 132nd St, Opa Locka FL 33054
FLR 000 176 271	Raider Environmental Services Inc	5080 Highway 60 East, 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 the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of $_N/A for each accident in excess of the underlying limit of $_N/A for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

DEP Form 62-730.900(5)(b), incorporated in Rule 62-730.170(2)(b), F.A.C., Effective Date 4-23-13

(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.

Attached to and forming part of policy No.SISIPCA08268313_____ issued by

Starr Indemnity & Liability Company , herein called the Insurer, of
[Name of Insurer]

_399 Park Avenue, 8th Fl, New York, NY 100022_____ to
[Address of Insurer]

_Raider Environmental Services Inc_____ of
[Name of Insured]

4103 NW 132nd Street, Opa Locka, FL 33054_____
[Physical Address of Insured]

this 8th day of August, 2013.
(Day) (Month) (Year)

The effective date of said policy is 7/11/2013
(Day)(Month)(Year)

The expiration date of said policy is 7/11/2014
(Day)(Month)(Year)

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.

Alex Pittignano
_____
[Signature of Authorized Representative of Insurer]

Alex Pittignano_____
[Type Name]

Vice President_____
[Title]

Authorized Representative of

Starr Indemnity & Liability Company_____
[Name of Insurer]

399 Park Avenue, 8th Fl, New York, NY 10016_____
[Address of Representative]