

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

JAN 27 2014

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

1. XL Specialty Insurance Company  
(Name of Insurer)

(the "Insurer"), of 70 Seaview Avenue, Stamford, CT 06902-6040  
(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

AMERICAN TRANSPORTATION SOLUTIONS, LLC  
(Name of Insured)

(the "Insured"), of 2100 Georgetown Drive, Suite 303, Sewickley, PA 15143  
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
PAR 000 521 740	American Transportation Solutions, LLC	2100 Georgetown Drive, Ste 303, Sewickley PA 15143

(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 AEC000172713, issued on July 8, 2013.  
(date)

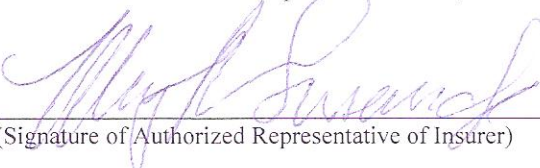
The effective date of said policy is July 8, 2013 and the expiration date of said policy  
(date)  
Is July 8, 2014.  
(date)

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

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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.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

Mary Ann Susavidge  
\_\_\_\_\_  
(Typed name)

Chief Underwriting Officer  
\_\_\_\_\_  
(Title)

Authorized Representative of

**XL Specialty Insurance Company**  
\_\_\_\_\_  
(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341  
\_\_\_\_\_  
(Address of Representative)

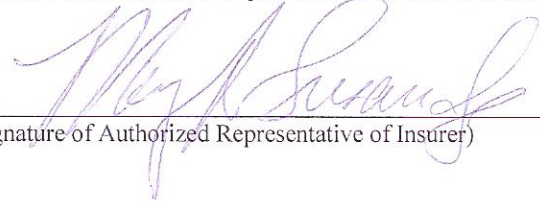




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\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

Mary Ann Susavidge  
\_\_\_\_\_  
(Typed name)

Chief Underwriting Officer  
\_\_\_\_\_  
(Title)

Authorized Representative of  
**XL Specialty Insurance Company**  
\_\_\_\_\_  
(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341  
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(Address of Representative)