FREBERG ENVIRONMENTAL, INC.

dba: FEI Insurance Services in California - #OC73812 INSURANCE PROGRAM MANAGERS

2000 SOUTH COLORADO BLVD, TOWER II SUITE 800

DENVER CO 80222
Telephone: 303/534-1171
Toll Free: 800/377-4152
Fax: 303/623-8101

www.feiinsurance.com

1/29/2014

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

RE: Universal Environmental Solutions LLC, Policy FBCAT0279100

Dear Sir or Madame,

Attached is a Notice of Cancellation for the above referenced insured, generated at their request. This is to request cancellation of DEP FORM 62-730.900(5)(a), copy attached, 30 days from the date of receipt of this request, approximately 3/5/14.

Please contact us if any addition information is needed to cancel this filing or if you have any questions.

Sincerely,

Diana Pantle Vice President

Authorized Representative of Arch Insurance Company

RECEIVED ENVIRONMENTAL PROTECTION

RECEIVED ENVIRONMENTAL PROTECTION

FEB 0 4 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

FEB 0 4 2014

HAZARDOUS WASTE MANAGEMENT & PERMITTING

ARCH INSURANCE COMPANY 200 FIRST STAMFORD PLACE 5TH FLOOR EAST STAMFORD CT 06902

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: FR001

UNIVERSAL ENVIRONMENTAL SOLUTIONS LLC 1650 HEMLOCK ST TAMPA FL 33605 ARCH INSURANCE GROUP C/O FREBERG ENVIRONMENTAL INC 2000 SOUTH COLORADO BLVD TOWER II SUITE 800 DENVER CO 80222

Reference: DEP FORM 62-730.900(5)(A)

Policy No.: FBCAT0279100

Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE

Date of Cancellation: 03/05/2014; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is the insured has requested cancellation of the policy. This cancellation also cancels the MCS90 endorsement and any State and/or Federal filings attached to the policy, with required advanced notice.

This policy provides auto liability coverage. You should contact your agent or any agent concerning your possible eligibility for replacement coverage through another insurer or the Florida Automobile Joint Underwriting Association, 1425 Piedmont Drive East, Suite 201-A, Tallahassee, FL 32308.

As required by law, we are reporting this termination of personal injury protection benefits and/or property damage liability to the Department of Highway Safety and Motor Vehicles, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, FL 32399-0500, Attn.: Senior Computer Operations Supervisor, Room D127, within 10 days from the effective date of this action.

Failure to maintain personal injury protection and property damage liability insurance on a motor vehicle when required by law may result in the loss of your motor vehicle registration and driving privileges in this state.

Should your registration and driving privileges be suspended, the following fee will be charged for the reinstatement of your motor vehicle registration and/or driver's license (if both your registration and license are suspended, only one reinstatement fee shall be charged to reinstate the registration and license):

\$150 for first reinstatement

\$250 for second reinstatement

\$500 for each subsequent reinstatement during 3

years following the first reinstatement.

If you do not have a second reinstatement within 3 years after the initial reinstatement, the reinstatement fee will be \$150 for the first reinstatement after that 3 year period.

Your interest in this policy as an "insured" or other party of interest regarding DEP FORM 62-730.900(5)(a), is being cancelled effective 03/05/2014; 12:01 A.M. Local Time at the mailing address of the named insured.

Other Party of Interest

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION 2600 BLAIR STONE ROAD MAIL STATION 4560 TALLAHASSEE FL 32399-2400 Date Mailed:

29th day of January, 2014

AUTHORIZED REPRESENTATIVE - Diana Pantle, VP

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1.

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 CERTIFICATE OF LIABILITY INSURANCE HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Arch Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 330 Be	osion Post Rd, Darien, CT 06820	
	(Address of Insurer)	
	has issued liability insurance covering bo ion for sudden accidental occurrences to	dily injury and property damage including
Universal Environmental Solution	ns, LLC	
(the "Insured"), of50	(Nar e of issured) Hemjockst 11 pa, 1.33 (Physical Address of Insured)	
	insured's obligation to demonstrate financule 62-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000199802	Universal Environmental	1650 Hemlock St
	Solutions, LLC	Tampa, FL 33605
(T6		
(II coverage is for multi	iple facilities, identify each facility insure	ed.)
\$ 1,000,000	ry and the company shall not be liable for for each accident, exclusive of legal de CAT0279100 , issued on 12/13/13	r amounts in excess of fense costs. The coverage is provided
under policy harrious		date)
The effective date of saids	(date)	d the expiration date of said policy
(date)	•	
This insurance is excess \$ s under policy number	, issued on	
said policy is	and the expiration date of	
(date)		(date)

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

- 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, which by the I surer c the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be energive 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)	(lee	- Part	'n
Diana Pantle			
(Typed name)			
Vice President			
(Title)			
Authorized Representative of			
Arch Insurance Company			
(Name of Insurer)			
2000 S Colo Bivd, Bldg II, Ste 800, Denver CO	8022 2		

(Address of Representative)