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PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

DEP Form # 17-730.900(5)(a) Form Title: HWF Transporter Certificate of Liability Insurance Effective Date: 1-29-06 DEP Application #

1.

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

(Name of Insurer)	
ut Street Philadelphia, PA 19106	
(Address of Insurer)	
	dily injury and property damage including
aquette & Company, Inc.	
(Name of Insured)	
International Speedway Delrand, FL 32724	
(Address of Insured)	
Name	Location
A R Paquette & Company Inc.	1400 International Speedway Delland, FL 32724
le facilities, identify each facility insur	ed.)
and the company shall not be liable for	
and the company shall not be liable for	or amounts in excess of efense costs. The coverage is provided
and the company shall not be liable for each accident, exclusive of legal de 453871 003 , issued on 03/0	or amounts in excess of efense costs. The coverage is provided 19/2014 (date)
and the company shall not be liable for each accident, exclusive of legal de 453871 003 , issued on 03/01 policy is 03/09/2014 and	or amounts in excess of efense costs. The coverage is provided
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and the company shall not be liable for each accident, exclusive of legal de 453871 003 , issued on 03/6 , issued on 03/6 and the company shall not be liable for for each accident in excess of the un	or amounts in excess of efense costs. The coverage is provided 19/2014 (date) d the expiration date of said policy amounts in excess of derlying limit of
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	s issued liability insurance covering bo n for sudden accidental occurrences to Paquette & Company, Inc. (Name of Insured) International Speedway Delrand, FL 32724 (Address of Insured) sured's obligation to demonstrate finance 62-730.170. The coverage applies at Name

Page 1 of 2 DEP FORM 62-730.900(5)(a) effective 1-29-06 Mail original completed form to:

Department of Environmental Protection 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.

For assistance call: 850-245-8707

- (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)

Roger Murphy

(Typed name)

Vice President

(Title)

Authorized Representative of

Ace American Insurance Company

(Name of Insurer)

436 Walnut St Philadelphia, PA 19106

(Address of Representative)