Mail original completed form to:

1.

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

For assistance call: 850-245-8707 RECEIVED ENVIRONMENTAL PROTECTION

MAY 0 1 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

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

OLD REPUBLIC INSURANCE CO	MPANY	# E
£	(Name of Insurer)	
(the "Insurer"), of 133 O	AKLAND AVENUE, GREENSBURG, PA 150	61
, ,,	(Address of Insurer)	
	s issued liability insurance cove n for sudden accidental occurrer	ring bodily injury and property damage includin
LANDSTAR INWAY, INC.		
	(Name of Insured)	
(the "Incured") of 13410	SUTTON PARK DRIVE SOUTH, JACKSONV	ILLE, FL 32224
(ine moured), or	(Physical Address of Insured)	
	sured's obligation to demonstrat le 62-710.600(2) and 62-730.17	e financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
ILR000117127	LANDSTAR INWA	Y, INC.
	ROCKFORD, IL 61	
(If coverage is for multip	ble facilities, identify each facilit	ry insured.)
\$ 1,000,000	y and the company shall not be l for each accident, exclusive of TT 301211 , issued on 05/0	legal defense costs. The coverage is provided
under policy humber	, issued on _ook	(date)
The effective date of said	d policy is MAY 1, 2014 (date)	and the expiration date of said policy
IS MAY 1, 2015		
(date)		
This insurance is excess \$ 4,000,000 \$ 1,000,000 under policy number MV		f the underlying limit of of legal defense costs. The coverage is provided
under policy number_www	issued on	(date) . The effective date of
said policy is MAY 1, 2014	and the expiration	a date of said policy is MAY 1, 2015
(date)	West American Control of the Control	(date)

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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 For assistance call: 850-245-8707

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 ipagrer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

CRAIG R. DANCER

(Typed name)

AUTHORIZED REPRESENTATIVE

(Title)

Authorized Representative of

OLD REPUBLIC INSURANCE COMPANY

(Name of Insurer)

1255 23RD STREET, NW; SUITE 400; WASHINGTON, DC 20037

(Address of Representative)