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MAY 0 2 2014

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)	
(the "Insurer"), of	3250 Interstate Drive, Richfield, OH 44286	
,	(Address of Insurer)	
	it has issued liability insurance covering bration for sudden accidental occurrences to	
	TNI (USA) Inc. dba AATCO	
	(Name of Insured)	
(the "Insured"), of 3	302 Thunder Road, POB 545, Duenweg, MO 64841-0545	
,, _	(Address of Insured)	
	ne insured's obligation to demonstrate fina e Rule 62-730.170. The coverage applies	
EPA/DEP I.D. No.	<u>Name</u>	Location
	TNI (USA) Inc. dba AATCO	302 Thunder Road, POB 545, Duenweg, MO 64841-0545
MOR000501981		,
This insurance is <u>pri</u>	ultiple facilities, identify each facility insumary and the company shall not be liable	for amounts in excess of
This insurance is <u>pri</u> \$ 1,000,000	mary and the company shall not be liable for each accident, exclusive of legal of	for amounts in excess of defense costs. The coverage is provided
This insurance is <u>pri</u> \$ 1,000,000	mary and the company shall not be liable	for amounts in excess of defense costs. The coverage is provided 11/01/2013
This insurance is <u>pri</u> \$ 1,000,000 under policy number	mary and the company shall not be liable for each accident, exclusive of legal or RNR 8199500-00 , issued on	for amounts in excess of defense costs. The coverage is provided 11/01/2013 (date)
This insurance is <u>pri</u> \$ 1,000,000	mary and the company shall not be liable for each accident, exclusive of legal or RNR 8199500-00 , issued on	for amounts in excess of defense costs. The coverage is provided 11/01/2013
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This insurance is <u>pri</u> \$\frac{1}{1},000,000 under policy number The effective date of	mary and the company shall not be liable for each accident, exclusive of legal of RNR 8199500-00, issued on f said policy is 11/01/2013	for amounts in excess of defense costs. The coverage is provided 11/01/2013 (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)

Cassie Checkelsky

(Typed name)

Regulatory Filings Specialist

(Title)

Authorized Representative of

National Interstate Insurance Company

(Name of Insurer)

3250 Interstate Drive, Richfield, OH 44286

(Address of Representative)