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

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

Nation	nal Interstate Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of 3250	Interstate Drive, Richfield, OH 44286	
· //	(Address of Insurer)	
	issued liability insurance cover for sudden accidental occurren	ing bodily injury and property damage inces to
	NEI Transport, LLC	
	(Name of Insured)	
(the "Insured"), of 302 Thu	ınder Road, POB 545, Duenweg, MÖ 64841	-0545
(1112 - 1112 - 11)	(Address of Insured)	
	sured's obligation to demonstrate e 62-730.170. The coverage app	e financial responsibility under Florida blies at:
EPA/DEP I.D. No.	Name	Location
	NEI Transport, LLC	302 Thunder Road, POB 545,
MOR000508838	NEI Hallsport, EEO	Duenweg, MO 64841-0545
MOR000508838	NEI Hallsport, EEO	Duenweg, MO 64841-0545
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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)