

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



STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Travelers Indemnity Company of Connecticut

(Name of Insurer)

(the "Insurer"), of 4650 Westway Park Blvd., Houston, TX 77041

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Crowley Liner Services, Inc.

(Name of Insured)

(the "Insured"), of 9487 Regency Square Blvd., Jacksonville, FL 32225

(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Location

FLD 085 092 146

Crowley Liner Services, Inc.

1163 Talleyrand, Jacksonville

FLR 000 054 221

Crowley Liner Services, Inc.

3001 Talleyrand, Jacksonville

FLD 000 360 560

Crowley Liner Services, Inc.

4300 McIntosh, Ft. Lauderdale

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number HC2E-CAP-476M551-6-TCT-14, issued on April 1, 2014.

(date)

The effective date of said policy is April 1, 2014 and the expiration date of said policy

(date)

is April 1, 2015.

(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number , issued on . The effective date of

(date)

said policy is and the expiration date of said policy is .

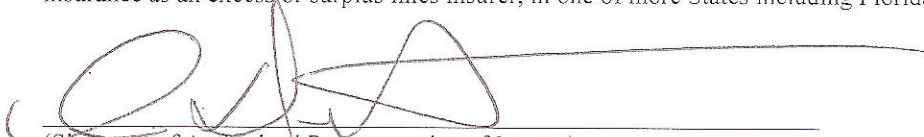
(date)

(date)

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)

Chris Demetroulis

(Typed name)

Area Senior Vice President

(Title)

Authorized Representative of

Travelers Indemnity Company of Connecticut

(Name of Insurer)

2345 Grand Blvd., Suite 400, Kansas City, MO 64108

(Address of Representative)

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STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. LEXINGTON INSURANCE COMPANY
 (Name of Insurer)

(the "Insurer"), of 100 SUMMER STREET, BOSTON, MA 02110
 (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

CROWLEY LINER SERVICES, INC.
 (Name of Insured)

(the "Insured"), of 9487 REGENCY SQUARE, JACKSONVILLE, FL 32225
 (Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Location
FLR 000 054 221	CROWLEY LINER SERVICES	3001 Tallyrand, Jacksonville, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ n/a for each accident, exclusive of legal defense costs. The coverage is provided under policy number n/a, issued on n/a (date).

The effective date of said policy is n/a (date) and the expiration date of said policy is n/a (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 003522833, issued on April 01, 2014 (date). The effective date of said policy is April 01, 2014 (date) and the expiration date of said policy is April 01, 2015 (date).

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)

Martin J. Brauner

(Typed name)

Zone Manager - Transportation, RSCIA

(Title)

Authorized Representative of

Lexington Insurance Company

(Name of Insurer)

120 S. Central Ave., Ste. 1200, Clayton, MO 63105

(Address of Representative)

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(the "Insured"), of 9487 REGENCY SQUARE, JACKSONVILLE, FL 32225
 (Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Location
FLD 085 092 146	CROWLEY LINER SERVICES	1163 Talleyrand, Jacksonville, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ n/a for each accident, exclusive of legal defense costs. The coverage is provided under policy number n/a, issued on n/a (date).

The effective date of said policy is n/a (date) and the expiration date of said policy is n/a (date).

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(Signature of Authorized Representative of Insurer)

Martin J. Brauner
(Typed name)

Zone Manager - Transportation, RSCIA
(Title)

Authorized Representative of
Lexington Insurance Company
(Name of Insurer)

120 S. Central Ave., Ste. 1200, Clayton, MO 63105
(Address of Representative)

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in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLO 000 360 560	CROWLEY LINER SERVICES	4300 McIntosh, Ft Lauderdale, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ n/a for each accident, exclusive of legal defense costs. The coverage is provided under policy number n/a, issued on n/a.
 (date)

The effective date of said policy is n/a and the expiration date of said policy is n/a.
 (date)

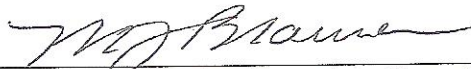
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