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 122014

## STATE OF FLORIDA PERMITTING & COMPLIANCE CERTIFICATE OF LIABILITY INSURANCE ASSISTANCE PROGRAM HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

ACE American Insurance Company		
(Name of Insurer)		
(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106		
(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		
Clark Environmental, Inc.		
(Name of Insured)		
(the "Insured"), of 755 Prairie Industrial Parkway Mulberry, FL 33860 (Physical Address of Insured)		
in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:		
EPA/DEP I.D. No. Name Physical Address		
FLD984206003 Clark Environmental, Inc. 755 Prairie Industrial Parkway Mulbery, FL 33860		
(If coverage is for multiple facilities, identify each facility insured.)		
This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>H08457098001</u> , issued on <u>5-6-2014</u> (date)		
The effective date of said policy is 5-6-2014 and the expiration date of said policy		
is 5-6-2015 (date)		
(date)		
This insurance is $\underline{\text{excess}}$ and the company shall not be liable for amounts in excess of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
(date)		

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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.

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- (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.

Patricia Lange Schmalle	
(Signature of Authorized Representative of Insurer)	
Patricia Lane Schmaltz	į.
	_
(Typed name)	
Manager, Environmental Practice G	roup
(Title)	
Authorized Representative of	
ACE American Insurance Company	
publication in the second seco	
(Name of Insurer)	
436 Walnut Street, Phi	ladelphia, PA 19106/4401 W.
Kennedy Blvd. #200, Ta	mpa, FL 33609
(Address of Representative)	