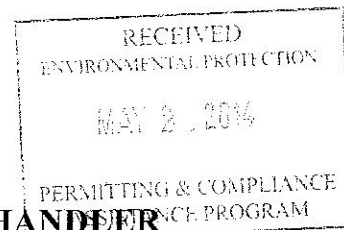


Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400



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

1. XL Insurance America, Inc.
(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Ste. 100, Dept. Regulatory, Exton, PA 19341-0636
(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

MP Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 3400 Manor St., PO Box 80358, Bakersfield, CA 93380
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
CAT000624247	MP Environmental Services, Inc.	3400 Manor St., Bakersfield, CA 93308 3300 Manor St., Bakersfield, CA 93308
Additional Locations:	1431 James Rd., Bakersfield, CA 93308 1601 & 1617 James Rd., Bakersfield, CA 93308 14312 Cacheville Rd., Yolo, CA 95697 3045 S. 51st Ave., Phoenix, AZ 85043 1043 N. Industrial Park Circle, Grantsville, UT 84029 5621 Sooner Trend Rd., Enid, OK 73701 3400 34th Ave. N.E., Everett, WA 98205	5010 S. 67th Ave., Phoenix, AZ 85043 6806 W. Roeser Rd., Phoenix, AZ 85043 3748 Green Acres Dr., Billings, MT 59181 3705 River Rd., Laurel, MT 59044 3707 River Rd., Laurel, MT 59044

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number AEC003578802, issued on 10/1/2013.
(date)

The effective date of said policy is 10/1/2013 and the expiration date of said policy is 10/1/2014.
(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 said policy is _____ and the expiration date of said policy is 10/1/2014.
(date) (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)

Joseph S. Catanese
(Typed name)

Vice President
(Title)

Authorized Representative of

XL Insurance America, Inc.

(Name of Insurer)

505 Eagleview Blvd., Ste. 100, Exton, PA 19341-0636

(Address of Representative)

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

1. XL Specialty Insurance Company
(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Ste. 100, Dept. Regulatory, Exton, PA 19341-0636
(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

MP Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 3400 Manor St., PO Box 80358, Bakersfield, CA 93380
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
CAT000624247	MP Environmental Services, Inc.	3400 Manor St., Bakersfield, CA 93308 3300 Manor St., Bakersfield, CA 93308
Additional Locations:	1431 James Rd., Bakersfield, CA 93308 1601 & 1617 James Rd., Bakersfield, CA 93308 14312 Cacheville Rd., Yolo, CA 95697 3045 S. 51st Ave., Phoenix, AZ 95043 1043 N. Industrial Park Circle, Grantsville, UT 84029 5621 Sooner Trend Rd., Erid, OK 73701 3400 34th Ave. N.E., Everett, WA 98205	5010 S. 67th Ave., Phoenix, AZ 85043 6806 W. Roeser Rd., Phoenix, AZ 85043 3748 Green Acres Dr., Billings, MT 59181 3705 River Rd., Laurel, MT 59044 3707 River Rd., Laurel, MT 59044

(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
\$ _____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____
(date)

The effective date of said policy is _____ and the expiration date of said policy
(date)
is 10/1/2014.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ 4,000,000 for each accident in excess of the underlying limit of
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number UEC003579002, issued on 10/1/2013. The effective date of
(date)
said policy is 10/1/2013 and the expiration date of said policy is 10/1/2014.
(date) (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 or more States including Florida.


(Signature of Authorized Representative of Insurer)

Joseph S. Catanese
(Typed name)

Vice President
(Title)

Authorized Representative of

XL Specialty Insurance Company
(Name of Insurer)

505 Eagleview Blvd., Ste. 100, Exton, PA 19341-0636
(Address of Representative)