Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-24518767VED ENVIRONMENTAL PROTECTION

JUN 162014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

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

Ar	ch Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of	330 Boston Post Rd, Darien, CT 06820	
	(Address of Insurer)	
	has issued liability insurance cove	ring bodily injury and property damage includ
Roadrunner Expre	ess, Inc	
	(Name of Insured)	
(the "Insured"), of	3945 Thurmond Tanner Rd, Flowery Branch, GA 30542 (Physical Address of Insured)	
	insured's obligation to demonstrat Rule 62-710.600(2) and 62-730.17	e financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
		2045 The second second
GAD981276041	Roadrunner Express, Inc	3945 Thurmond Tanner Rd
GAD981276041 	Roadrunner Express, Inc	Flowery Branch, GA 30542
(If coverage is for mul This insurance is prim. \$1,000,000	tiple facilities, identify each facilit	Flowery Branch, GA 30542 y insured.) iable for amounts in excess of egal defense costs. The coverage is provided 06/15/2014
(If coverage is for mul This insurance is prims \$1,000,000 under policy number _	tiple facilities, identify each facilit ary and the company shall not be l for each accident, exclusive of FBCAT0046410_, issued on	y insured.) iable for amounts in excess of egal defense costs. The coverage is provided 06/15/2014 (date)
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Mail original completed form to:

Department of Environmental Protection 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.

Oune P. K
(Signature of Authorized Representative of Insurer)
Diana Pantle
(Typed name)
Vice President
(Title)
Authorized Representative of
Arch Insurance Company
(Name of Insurer)
2000 S Colorado Blvd Tower II Suite 800, Denver, CO 80222
(Address of Representative)