Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

A DOM SO WELLOW

AUG O SEMA

PERVITTING & COMPLIANCE

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

|  | ompany  |  |
|--|---|--|
|  | (Name of Insurer)   |  |
| (the "Insurer"), of 70 F   | Pine Street, New York, NY 10270   |  |
|  | (Address of Insurer)  |  |
|  | has issued liability insura-<br>tion for sudden accidental  | nce covering bodily injury and property damage including occurrences to  |
| EQ Florida, Inc.   |   |  |
|  | (Name of Insured)   |  |
| (the "Insured"), of 720  | 02 E. 8th Ave., Tampa, FL 33619   |  |
| A service state of the service | (Physical Address of  | Insured)   |
|  |   | monstrate financial responsibility under Florida<br>-730.170. The coverage applies at:   |
| EPA/DEP I.D. No.   | Name  | Physical Address   |
| FLD981932494   | EQ Florida, Inc.  | 2002 N. Orient, Tampa, FL  |
|  |   |  |
|  |   |  |
| (If coverage is for mu   | Itiple facilities, identify ca  | ch facility insured.)  |
| This insurance is prin \$ 1,000,000  | nary and the company shal   | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided  |
| This insurance is prin \$ 1,000,000  | nary and the company shal   | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided  |
| This insurance is <u>prin</u> \$ 1,000,000 under policy number   | nary and the company shal<br>for each accident, excl<br>CA7557770, issue  | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided on 8/01/2014 (date)  |
| This insurance is prin \$ 1,000,000  | nary and the company shal<br>for each accident, excl<br>CA7557770 , issue   | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided to n 8/01/2014   |
| This insurance is <u>prin</u> \$ 1,000,000 under policy number.  The effective date of is 8/1/2015   | nary and the company shal for each accident, excl CA7557770, issue said policy is 8/01/2014 (da   | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy  |
| This insurance is <u>prin</u> § 1,000,000 under policy number.  The effective date of  | nary and the company shal for each accident, excl CA7557770, issue said policy is 8/01/2014 (da   | not be liable for amounts in excess of usive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy  |
| This insurance is prin \$_1,000,000 under policy number.  The effective date of is \$_8/1/2015 (date)  | nary and the company shal for each accident, excl CA7557770, issue said policy is 8/01/2014 (date)  | not be liable for amounts in excess of asive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy te)  not be liable for amounts in excess of  |
| This insurance is prin \$\frac{1,000,000}{\text{under policy number}}\$  The effective date of is \$\frac{8/1/2015}{\text{dat}}\$  This insurance is excess.   | nary and the company shal for each accident, excl CA7557770 , issue said policy is 8/01/2014 (da te)  ess and the company shall for each accident in                                | not be liable for amounts in excess of asive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy te)  not be liable for amounts in excess of excess of the underlying limit of  |
| This insurance is prin \$ 1,000,000 under policy number.  The effective date of is 8/1/2015 (data this insurance is excess)  \$  | nary and the company shal for each accident, excl CA7557770 , issue said policy is 8/01/2014 (da te)  ess and the company shall for each accident in for each accident, excl        | not be liable for amounts in excess of asive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy te)  not be liable for amounts in excess of excess of the underlying limit of clusive of legal defense costs. The coverage is provided |
| This insurance is prin \$\frac{1,000,000}{\text{under policy number}}\$  The effective date of is \$\frac{8/1/2015}{\text{dat}}\$  This insurance is excess.   | nary and the company shal  for each accident, excl  CA7557770 , issue  said policy is 8/01/2014  (da  te)  ess and the company shall  for each accident in  for each accident, excl | not be liable for amounts in excess of asive of legal defense costs. The coverage is provided on 8/01/2014 (date)  and the expiration date of said policy te)  not be liable for amounts in excess of excess of the underlying limit of clusive of legal defense costs. The coverage is provided |

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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)

Avid Kourad
(Typed name)

Regional Manager

(Title)

Authorized Representative of

New Hampshire Insurance Company

(Name of Insurer)

1300 E 9th St., Cleveland, OH 44114

(Address of Representative)



August 7, 2014

Ms. Janet Ashwood State of Florida Hazardous Waste Regulation Department of Environmental Protection Waste Management Division – HWRS MS4560 2600 Blair Stone Road Tallahassee, FL 32399-2400

RE: EQ Florida, Inc.
EPA NO: FLD981932494
Hazardous Waste Transporter and Used Oil Certificate

Dear Ms. Ashwood:

Enclosed please find the renewed, original Hazardous Waste Transporter and Used Oil Certificate of Liability Insurance for EQ Florida, Inc. (EPA #FLD981932494).

Please let me know if any further assistance is needed or required in this regard.

Sincerely,

Indie Estes

Risk & Asset Management

Enclosure

Cc: Stuart Stapleton, EQ Florida, Inc.