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

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NOV 1 3 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGES

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

AGE American insulation Company	(NI)	
	(Name of Insurer)	
(the "Insurer"), of 436 Walnut	Street, Philadelphia, PA	
	(Address of Insurer)	
hereby certifies that it has i environmental restoration f	ssued liability insurance c for sudden accidental occu	overing bodily injury and property damage including rrences to
Clean Harbors, Inc.	07 07 1	
	(Name of Insured)	
(the "Insured"), of 42 Longwa	ater Drive, Norwell, MA 02061	
(the "Insured"), of 42 Longwe	(Physical Address of Insur	red)
		strate financial responsibility under Florida 1.170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
MAD039322250 Clean H	larbors Environmental Se	rvices, Inc. 42 Longwater Drive, Norwell, MA 0206
		ces, Inc. 11221 Interchange Cir S, Miramar, FL 330
(If coverage is for multiple	facilities, identify each fa	cility insured.)
This insurance is <u>primary</u> a \$ 5,000,000 fo under policy number ISAHO	ar each accident evoluciare	be liable for amounts in excess of of legal defense costs. The coverage is provided
		(date)
The effective date of said p	oolicy is 11/1/2014 (date)	and the expiration date of said policy
is_11/1/2015	•	
(date)		
This insurance is excess ar	nd the company shall not b	e liable for amounts in excess of
\$	_for each accident in exce	ss of the underlying limit of
\$under policy number	_for each accident, exclus	ive of legal defense costs. The coverage is provided
under poricy number	, issue	d on The effective date of (date)
said policy is	and the expira	ation date of said policy is 11/1/2015
(date)		(date)

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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.

(Signature of Authorized Representative of Insurer)
None E. Hamoett (Typed name)
(Title)
Authorized Representative of
ACE American Insurance Company
(Name of Insurer)
33 girl St. Beston, MA 00+110
July 2700