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



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

	Name of Insurer)	
(the "Insurer"), of 1400 America	an Lane, Schaumburg, IL 60196-1056	
(Address of Insurer)	
hereby certifies that it has is environmental restoration for		ering bodily injury and property damage includi nces to
Dupre Logistics, LLC		
(Name of Insured)	
(the "Insured"), of 201 Energy	Parkway, Suite 500, Lafayette, LA 7050	8-3859
(Physical Address of Insured)
in connection with the insure Administrative Code Rule 6		te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
LAR 000 045 963 Du	nre Logistics LLC 201 F	nergy Parkway, Suite 500, Lafayette, LA 70508-
	d the company shall not be	iable for amounts in excess of
This insurance is <u>primary</u> an \$ 5,000,000 for	d the company shall not be each accident, exclusive of	iable for amounts in excess of legal defense costs. The coverage is provided
This insurance is primary an	d the company shall not be each accident, exclusive of	iable for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>primary</u> an \$ 5,000,000 for	d the company shall not be each accident, exclusive of \$139.08, issued on	iable for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>primary</u> an \$5,000,000 for under policy number TRK5916 The effective date of said policy 10/01/2015	d the company shall not be each accident, exclusive of 1139 08 , issued on 10/6	iable for amounts in excess of legal defense costs. The coverage is provided (date)
This insurance is <u>primary</u> an \$5,000,000 for under policy number TRK5916 The effective date of said po	d the company shall not be each accident, exclusive of 1139 08 , issued on 10/6	iable for amounts in excess of legal defense costs. The coverage is provided (date)
This insurance is primary an \$5,000,000 for under policy number TRK5916 The effective date of said policy 10/01/2015 (date) This insurance is excess and	d the company shall not be each accident, exclusive of 1339 08, issued on 10/0 dicy is 10/01/2014 (date)	iable for amounts in excess of legal defense costs. The coverage is provided (date) and the expiration date of said policy
This insurance is primary an \$5,000,000 for under policy number TRK5916 The effective date of said policy 10/01/2015 (date) This insurance is excess and \$5,000,000 for the solution of the series o	d the company shall not be each accident, exclusive of 13139 08 , issued on 10/0 licy is 10/01/2014 (date) the company shall not be lifter each accident in excess of	iable for amounts in excess of legal defense costs. The coverage is provided (date) and the expiration date of said policy able for amounts in excess of f the underlying limit of
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This insurance is primary an \$5,000,000 for under policy number TRK5916 The effective date of said policy is 10/01/2015 (date) This insurance is excess and \$5,000,000 for \$5,000,000 fo	d the company shall not be each accident, exclusive of 13139 08 , issued on 1076 dicy is 10/01/2014 (date) the company shall not be lifter each accident in excess of each accident, exclusive 252 , issued or	iable for amounts in excess of legal defense costs. The coverage is provided (date) and the expiration date of said policy able for amounts in excess of f the underlying limit of of legal defense costs. The coverage is provide

- 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 on surplus lines insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

Eric Hathorn

(Typed name)

Insurance Agent

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

229 Heymann Blvd., Lafayette, LA 70503

(Address of Representative)