Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

RECEIVED ENVIRONMENTAL PROTECTION

FEB 2 6 2015

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

PERMITTING & COMPLIANCE

(the "Insurer"), of	305 Ma	dison	Avenue	Morrist	town N	T 07960	ý.
(me maner), or		ress of Insu		HOLLIS	JOHII , 14		<i>*************************************</i>
	,						
hereby certifies that environmental resto					ry and prope	rty damage in	eluding
Greer	Enterp	rises,	LLC				
	(Nam	e of Insured	()	•	* total * . ;		Y's A Cop share a
(the "Insured"), of	35 Dav	is Ave	nue, Sa	raland,	AL. 365	71	
(s of Insured)				
in connection with t Administrative Cod						ler Florida	
EPA/DEP L.D. No.		<u>Name</u>		1	Physical Add	<u>Iress</u>	
LR000046581	Greer	Enterpr	ises, LI	C 35 Davi	s Avenu	e, Saral	and, AL.
(If agrange is for a	Alianta Carilla	Man 2 Januari G	- a - b - G - 122-e	inging 4			
(If coverage is for m	sultiple facilis	ties, identify	each facility	insured.)	and the last of th		
This insurance is <u>pri</u> \$ 2 , 000 , 000	mary and the	company s	hall not be lis	able for amount	sts. The cov	f erage is provid	ded
This insurance is <u>pri</u> \$ 2 , 000 , 000	mary and the	company s	hall not be lis	able for amount	sts. The cov	f erage is provid	ded
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Mail original completed form to:

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Talfahassee, 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.
 - (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 lusurer)

William Twitty
(Typed name)

Broker
(Title)

Authorized Representative of
Crum & Forster Specialty Insurance Company
(Name of Insurer)

305 Madison Avenue, Morristown, NJ. 07960

(Address of Representative)

For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

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

(the "Insurer"), of	305 Madison Avenue, Morristown, NJ. 07960	
7 mm // mm /	(Address of Insurer)	*
	it has issued liability insurance covering bodily injury and property damage including ration for sudden accidental occurrences to	
Greer	Enterprises, LLC	
4. 10000 - ADDONOUS AND THE STATE OF THE STA	(Name of Insured)	
(the "Insured"), of	35 Davis Avenue, Saraland, AL. 36571	
	(Physical Address of Insured)	
	the insured's obligation to demonstrate financial responsibility under Florida e Rule 62-710.600(2) and 62-730.170. The coverage applies at:	
EPA/DEP LD. No.	Name Physical Address	
LR000046581	Greer Enterprises, LLC 35 Davis Avenue, Saraland,	AL.
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	Greer Enterprises, LLC 35 Davis Avenue, Saraland,	AL.
(If coverage is for m	nultiple facilities, identify each facility insured.) imary and the company shall not be liable for amounts in excess of	AL.
(If coverage is for m This insurance is pri	nultiple facilities, identify each facility insured.) imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided	AL.
(If coverage is for m This insurance is pri	nultiple facilities, identify each facility insured.) imary and the company shall not be liable for amounts in excess of	AL.
(If coverage is for m This insurance is pri \$ 2,000,000 under policy number	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided rEPK106392 issued on 12/09/2014 (date) f said policy is 12/09/2014 and the expiration date of said policy	AL.
(If coverage is for m This insurance is pri	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided rEPK106392, issued on 12/09/2014 (date) f said policy is 12/09/2014 and the expiration date of said policy	AL.
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 - (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.
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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.

(Signatu	are of Authorized Representative of Insurer)
	liam Twitty
(Typed	name)
Brok	er
(Title)	
Authoria	zed Representative of
Crum	& Forster Specialty Insurance Compa
(Name o	of Insurer)
305	Madison Avenue, Morristown, NJ. 0796

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Mail original completed form to:

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(Signature of Authorized Representative of Insurer) William Twitty (Typed name) Broker (Title) Authorized Representative of

Crum & Forster Specialty Insurance Company (Name of Insurer)

305 Madison Avenue, Morristown, NJ. 07960 (Address of Representative)