1.

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

PERMITTING & COMPLIANCE

	(Name of In					
(the "Insurer"), of			, Morristown	, NJ.	07960	
iaráby (vartifiae that	(Address of	**	ring bodily injury and	ronártu d	lamana inskidina	
environmental restor	ration for sudden ac	ccidental occurren		лорену с	ginge neindug	•
Greer	Enterprise			·		
	(Name of In	,				
the "Insured"), of	35 Davis A	Avenue, Saddress of Insured)	raland, AL.	36571	·	esores:
			e financial responsibili D. The coverage appli		lorida	
PA/DEP I.D. No.	<u>Na</u>	<u>me</u>	Physica	l Address	ž	
LR000046581	Greer Ente	rnrises L	LC 35 Davis Av	enue.	Saraland.	AL.
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If coverage is for m	ultiple facilities, id	entify each facility	y insured():			
his insurance is pri	mary and the comp	any shall not be li	able for amounts in ex			-
his insurance is <u>pri</u> 2,000,000	mary and the comp	any shall not be li	able for amounts in exegal defense costs. The		ge is províded	_
his insurance is <u>pri</u> 2,000,000	mary and the comp	any shall not be li	able for amounts in exegal defense costs. The		ge is provided	-
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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.
- 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 of 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)

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)

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Tállahassec, Florida 32399-2400

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

(the "Insurer"), of	305 Madison Avent	ue, Morristo	wn, NJ. 07960	
((Address of Insurer)	e man e me e		
	it has issued liability insurance c ration for sudden accidental occu		and property damage includi	ing
Greer	Enterprises, LLC			
	(Name of Insured)			
(the "Insured"), of	35 Davis Avenue,	Saraland, Al	L. 36571	
	(Physical Address of Insu	red)		
	he insured's obligation to demons e Rule 62-710.600(2) and 62-730			
EPA/DEP LD. No.	<u>Name</u>	<u>Ph</u>	ysical Address	
			Assessed Compleme	דת נ
LR000046581	Greer Enterprises,	LLC 35 Davis	Avenue, Saraiano	1, AL.
			Avenue, Saraiano	
	nultiple facilities, identify each fa		Avenue, Saraiano	
(If coverage is for n This insurance is <u>pr</u> \$ 2 , 000 , 000	nultiple facilities, identify each fa imary and the company shall not for each accident, exclusive	cility insured.) be liable for amounts of legal defense costs	in excess of	
(If coverage is for n This insurance is <u>pr</u> \$ 2 , 000 , 000	nultiple facilities, identify each fa	cility insured.) be liable for amounts of legal defense costs	in excess of	
(If coverage is for n This insurance is <u>pr</u> \$ 2 , 000 , 000 under policy numbe	nultiple facilities, identify each faimary and the company shall not for each accident, exclusive rEPK106392, issued on facility for each accident, exclusive rEPK106392, issued on facility for each accident, exclusive rEPK106392, issued on facility for each accident.	cility insured.) be liable for amounts for legal defense costs 12/09/2014 (date)	in excess of	
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Tallahassee, Florida 32399-2400

- 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - 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)

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)

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

	(Name of Ins	,				
(the "Insurer"), of	305 Madiso		Morristov	vn, NJ.	07960	
	(Address of I	Insurer)			,	Ť
	it has issued liability			nd property d	lamágé including	3
Greer	Enterprise	s, LLC				
	(Name of Ins	sured)				
(the "Insured"), of	35 Davis A	venue, Sai	raland, AL	. 36571		
	35 Davis A (Physical Ad	dress of Insured)		···		
	he insured's obligation Rule 62-710.600(2				lòridà	
EPA/DEP I.D. No.	Nan	<u>1e</u>	<u>Phy</u>	sical Address	·	
LR000046581	Greer Enter	rprises, LI	c 35 Davis	Avenue,	Saraland,	AL.
·						···········
(If coverage is for m	ultiple facilities, ide	entify each facility	insured.)			
This insurance is <u>pri</u> \$ 2 , 000 , 000	mary and the compa	any shall not be lia	able for amounts in	excess of The coverag	e is provided	-
This insurance is <u>pri</u> \$ 2 , 000 , 000	mary and the compa	any shall not be lia	able for amounts in	excess of The coverag	e is provided	-
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- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 14
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

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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. These insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

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