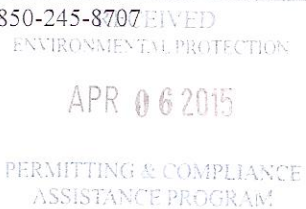


Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707



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

1. Travelers Indemnity Company of Connecticut

(Name of Insurer)

(the "Insurer"), of 4650 Westway Park Blvd., Houston, TX 77041

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Crowley Liner Services, Inc.

(Name of Insured)

(the "Insured"), of 9487 Regency Square Blvd., Jacksonville, FL 32225

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 085 092 146	Crowley Liner Services, Inc.	1163 Talleyrand, Jacksonville
FLR 000 054 221	Crowley Liner Services, Inc.	3001 Talleyrand, Jacksonville
FLD 000 360 560	Crowley Liner Services, Inc.	4300 McIntosh, Ft. Lauderdale

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number HC2E-840-476M5516-TCT-15, issued on April 1, 2015.  
(date)

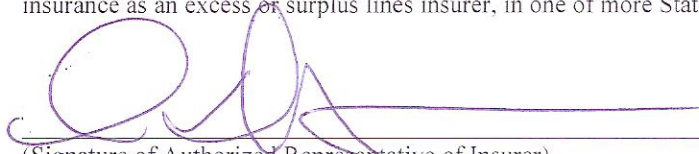
The effective date of said policy is April 1, 2015 and the expiration date of said policy is April 1, 2016.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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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)

**Chris Demetroulis**

(Typed name)

**Area Senior Vice President**

(Title)

Authorized Representative of

**Travelers Indemnity Company of Connecticut**

(Name of Insurer)

**2345 Grand Blvd., Suite 400, Kansas City, MO 64108**

(Address of Representative)

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

1. Lexington Insurance Company  
(Name of Insurer)

(the "Insurer"), of 99 High Street, Boston MA 02110  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

CROWLEY LINER SERVICES  
(Name of Insured)

(the "Insured"), of 9487 REGENCY SQUARE, JACKSONVILLE, FL 32225  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 054 221	Crowley Liner Services	3001 Tallyrand, Jacksonville, FL

FLD 085 092 146 Crowley Liner Services 1163 Tallyrand, Jacksonville, FL

FLO 000 360 560 Crowley Liner Services 4300 McIntosh, Ft. Lauderdale, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ n/a for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number n/a, issued on n/a.  
(date)

The effective date of said policy is n/a and the expiration date of said policy  
(date)  
is April 01, 2016.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 3,000,000 for each accident in excess of the underlying limit of  
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number 003522833, issued on April 01, 2015. The effective date of  
(date)  
said policy is April 01, 2015 and the expiration date of said policy is April 01, 2016.  
(date) (date)



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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)

**Jake A Kaminski**  
(Typed name)

**Regional Transportation Specialist**  
(Title)

Authorized Representative of

**Lexington Insurance Company**  
(Name of Insurer)

**500 W Madison Suite 3000, Chicago IL 60661**  
(Address of Representative)

**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER  
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 085 092 146	Crowley Liner Services, Inc.	1163 Talleyrand, Jacksonville
FLR 000 054 221	Crowley Liner Services, Inc.	3001 Talleyrand, Jacksonville
FL0 000 360 560	Crowley Liner Services, Inc.	4300 McIntosh, Ft. Lauderdale

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 2,000,000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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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(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.

Attached to and forming part of policy No. HC2E-840-476M5516-TCT-15 issued by  
Travelers Indemnity Company of Connecticut, herein called the Insurer, of  
[Name of Insurer]  
4650 Westway Park Blvd., Houston, TX 77041 to  
[Address of Insurer]  
Crowley Liner Services, Inc. of  
[Name of Insured]  
9487 Regency Square Blvd., Jacksonville, FL 32225  
[Physical Address of Insured]

this 25th day of March, 2015.  
(Day) (Month) (Year)

The effective date of said policy is 1st day of April, 2015.  
(Day) (Month) (Year)

The expiration date of said policy is 1st day of April, 2016.  
(Day) (Month) (Year)

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 or more states including Florida.

  
[Signature of Authorized Representative of Insurer]

Chris Demetroulis

[Type Name]

Area Senior Vice President

[Title]

Authorized Representative of

Travelers Indemnity Company of Connecticut

[Name of Insurer]

2345 Grand Blvd., Suite 400, Kansas City, MO 64108

[Address of Representative]



**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER  
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 054 221	Crowley Liner Services	3001 Tallyrand Jacksonville FL
FLD 085 092 146	Crowley Liner Services	1163 Tallyrand Jacksonville FL
FLO 000 360 560	Crowley Liner Services	4300 McIntosh Ft Lauderdale FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ N/A for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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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(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.

Attached to and forming part of policy No. 003522833 issued by  
Lexington Insurance Company, herein called the Insurer, of  
[Name of Insurer]  
99 High Street Boston MA 02110 to  
[Address of Insurer]  
Crowley Liner Services of  
[Name of Insured]  
9487 REGENCY SQUARE, JACKSONVILLE, FL 32225  
[Physical Address of Insured]

this 1st day of April, 2015.  
(Day) (Month) (Year)

The effective date of said policy is 1st day of April, 2015.  
(Day) (Month) (Year)

The expiration date of said policy is 1st day of April, 2016.  
(Day) (Month) (Year)

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 or more states including Florida.

  
[Signature of Authorized Representative of Insurer]

Jake A Kaminski

[Type Name]

Regional Transportation Specialist

[Title]

Authorized Representative of

Lexington Insurance Company

[Name of Insurer]

500 W Madison Suite 3000 Chicago IL 60661

[Address of Representative]