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

RECEIVED
ENVIRONMENTAL PROTECTION
MAY 08 2015
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

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

1. Zurich American Insurance Company
(Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196
(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

Progressive Environmental Services, Inc. dba SWS Environmental Services
(Name of Insured)

(the "Insured"), of 600 Grand Panama Blvd. #200, Panama City Beach, FL 32407
(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:

EPA/DEP I.D. No.	Name	Physical Address
FLR-000-122-796	SWS Environmental Services	6409 123rd Avenue North, Largo, Florida 33773
FLR-000-012-823	SWS Environmental Services	901 McClosky Boulevard, Tampa, Florida 33605-6717
FLD-099-077-257	SWS Environmental Services	6900 Northwest 12th Avenue, Fort Lauderdale Florida 33309
FL0-000-936-831	SWS Environmental Services	1617 Moylan Road, Panama City Beach, Florida 32407

(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 $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP0116571-00, issued on 05/05/2015 (date).

The effective date of said policy is 05/05/2015 (date) and the expiration date of said policy is 05/05/2016 (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_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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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)

John Harrold
(Typed name)

Insurance Agent
(Title)

Authorized Representative of

Zurich American Insurance Company
(Name of Insurer)

500 W. Cypress Creek Rd., Suite 320, Ft. Lauderdale, FL 33309
(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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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:

EPA/DEP I.D. No.	Name	Physical Address
FLO000936831	SWS Environmental Services	1617 Moylan Road, Panama City Beach, FL
FLR000122796	SWS Environmental Services	6409 123rd Avenue North, Largo, FL 33773
FLR000012823	SWS Environmental Services	901 McClosky Boulevard, Tampa, FL 33805
FLD099077257	SWS Environmental Services	6900 NW 12th Avenue, 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 $ 1,000,000 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.

(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. BAP0116571-00 issued by

Zurich American Insurance Company , herein called the Insurer, of
[Name of Insurer]

1400 American Lane, Schaumburg, IL 60196 to
[Address of Insurer]

Progressive Environmental Services, Inc. dba SWS Environmental Services of
[Name of Insured]

600 Grand Panama Blvd., Suite 200, Panama City Beach, FL 32407
[Physical Address of Insured]

this 1st (Day) day of May (Month), 20 15 (Year).

The effective date of said policy is 5th (Day) day of May (Month), 20 15 (Year).

The expiration date of said policy is 5th (Day) day of May (Month), 20 16 (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]

John Harrold
[Type Name]

Insurance Agent
[Title]

Authorized Representative of

Zurich American Insurance Company
[Name of Insurer]

500 W. Cypress Creek Rd., Suite 320, Ft. Lauderdale, FL 33309
[Address of Representative]