ail original completed form to:	Department of Environmental Protection For 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400	For assistance call: 850-245-8707		
			ENVIRONMEN LA! DROTECTION	
			JUN 1 0 2015	
	STATE OF FLORIDA		LOUPTING & COMPLEX CL	
	FICATE OF LIABILITY INS		ASSIS (FPROGENA	
HAZARDOUS WA	STE TRANSPORTER AND U	SED OIL H	ANDLER	
Hartford Fire Insurance Company				
	(Name of Insurer)			
(the "Insurer"), of One Hartf	ord Plaza, 21st Floor, Tower Building, Hartford CT 06155			
(	(Address of Insurer)			
	s issued liability insurance covering bodily inj for sudden accidental occurrences to	ury and property of	damage including	
Stericycle Specialty Waste Solution	s, Inc. (SSWSI)			
	(Name of Insured)			
(the "Insured"), of 314 BW	est Landstreet Road Orlando, Florida 32824 and 8505 Northwest	74th Street Miami, Florid	la 33166	
(	(Physical Address of Insured)	<b>.</b>		
	pured's obligation to demonstrate financial resp e 62-710.600(2) and 62-730.170. The coverage		Florida	
EPA/DEP I.D. No.	EPA/DEP I.D. No. Name Physical Address			
FLR 000 006 353 S	SWSI 314 B West Landstreet Roa	d Orlando, Fl	orida 32824	
FL0 000 702 985 S	SWSI 8505 Northwest 74th Street	Miami, Florida	a 33166	
·				
(If coverage is for multipl	e facilities, identify each facility insured.)		. <u> </u>	
This insurance is primary	and the company shall not be liable for amou for each accident, exclusive of legal defense c		ge is provided	

(date) The effective date of said policy is June 1, 2015 and the expiration date of said policy (date)  $i_S$  June 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 \$ `co under policy number\_\_\_\_ \_\_\_\_\_, issued on\_\_\_\_\_ \_\_\_\_\_. The effective date of (date) and the expiration date of said policy is \_\_\_\_\_ said policy is (date) (date)

Page 1 of 2

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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)

## **Cullen Flanigan**

(Typed name)

## Assistant Vice President

(Title)

Authorized Representative of

## Hartford Fire Insurance Company

(Name of Insurer)

## 540 W. Madison, Suite 1100 Chicago, IL 60661

(Address of Representative)