1.

For assistance call: 850-245-8707

JUN 1 5 2015

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

Great Divide Insurance Compan	у	
	(Name of Insurer)	
(the "Insurer"), of 7233 E	Butherus Drive, Scottsdale, AZ 85260	
	(Address of Insurer)	
	as issued liability insurance covering bodily in on for sudden accidental occurrences to	jury and property damage including
Frank's Vacuum Truck Service,	Inc.	
	(Name of Insured)	
(the "Insured"), of 1717	New Road, Niagara Falls, NY 14304	
Visites - 1000 1000 1000 1000 1000 1000 1000 1	(Physical Address of Insured)	
	nsured's obligation to demonstrate financial results 62-710.600(2) and 62-730.170. The covera	
EPA/DEP I.D. No.	Name	Physical Address
NYD982792814 F	rank's Vacuum Truck Service, Inc.	1717 New Road
(If coverage is for mult	iple facilities, identify each facility insured.)	
\$ 1,000,000	ry and the company shall not be liable for amount for each accident, exclusive of legal defense	
under policy number B	AP200878112 , issued on 5/25/15 (date)	* a
The effective date of sa	id policy is 5/25/15 and the e	expiration date of said policy
is 5/25/16		
(date))	
\$ \$	and the company shall not be liable for amount for each accident in excess of the underlying for each accident, exclusive of legal defendances.	ng limit of se costs. The coverage is provided
under policy number	(date)	The effective date of
said policy is	and the expiration date of said	
(date)		(date)

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

ental Protection For assistance call: 850-245-8707

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 S. Light
(Typed name)

President
(Title)

Great Divide Insurance Company

(Name of Insurer)

336 Water Tower Circle, Colchester, VT 05446

(Address of Representative)

Authorized Representative of

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For assistance call: 850-245-8707

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		
NYD982792814	Frank's Vacuum Truck Service, Inc.	1717 New Road, Niagara Falls, NY 14304		
	•			
(If coverage is for multi	ple facilities, identify each facil	ity insured.)		
This insurance is <u>primar</u> \$	y and the company shall not be for each accident, exclusive	liable for amounts in excess of of the legal defense costs.		
\$	and the company shall not be for each accident in excess of for each accident, exclusive	f the underlying limit of		
conditions of the policy	provided, however, that any pro-	currences is subject to all of the terms and rovisions of the policy inconsistent with amended to conform with subsections (a)		
	nsolvency of the insured shall real this endorsement is attached.	not relieve the Insurer of its obligations		
(b) The Insurer is lipolicy, with a right of re	able for the payment of amount eimbursement by the insured for	ts within any deductible applicable to the rany such payment made by the Insurer.		
Environmental Protection	ested by the Secretary (or design (FDEP), the Insurer agrees to policy and all endorsements.	nee) of the Florida Department of burnish to the Department a signed		
termination of this endowritten notice and only	orsement (e.g., expiration, non-rafter the expiration of thirty (30)	he Insurer or the insured and any other enewal), will be effective only upon b) days after a copy of such written notice 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. BAP200878112 issued by	
Great Divide Insurance Company , herein called the Insurer, of [Name of Insurer]	
7233 East Butherus Drive, Scottsdale, AZ 85260 to	
[Address of Insurer]	
Frank's Vacuum Truck Service, Inc.	
[Name of Insured]	
1717 New Road, Niagara Falls, NY 14304	
[Physical Address of Insured]	
this $\frac{9}{\text{(Day)}}$ day of $\frac{\text{June}}{\text{(Month)}}$, $20\frac{15}{\text{(Year)}}$.	
The effective date of said policy is $\frac{25}{\text{(Day)}}$ day of $\frac{\text{May}}{\text{(Month)}}$, $\frac{20}{\text{(Year)}}$. The expiration date of said policy is $\frac{25}{\text{(Day)}}$ day of $\frac{\text{May}}{\text{(Month)}}$, $\frac{20}{\text{(Year)}}$.	
(Day) (Month) (Year)	
The expiration date of said policy is 25 day of May . 20 16.	
(Day) (Month) (Year)	
I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible provide insurance as an excess or surplus lines insurer, in one or more states including Florida [Signature of Authorized Representative of Insurer]	
John S. Light	
[Type Name]	
President	-
[Title]	
Authorized Representative of	
Great Divide Insurance Company	
[Name of Insurer]	

Page 2of 2

336 Water Tower Circle, Colchester, VT 05446

[Address of Representative]

1.

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

Nautilus Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 72331	Butherus Drive, Scottsdale, AZ 85260	
**************************************	(Address of Insurer)	
	nas issued liability insurance covering bodily inj on for sudden accidental occurrences to	jury and property damage includin
Frank's Vacuum Truck Service,	Inc.	
	(Name of Insured)	A STATE OF THE STA
(the "Insured") of 1717	New Road, Niagara Falls, NY 14304	
(1110 11134104), 01	(Physical Address of Insured)	
	insured's obligation to demonstrate financial resule 62-710.600(2) and 62-730.170. The covera	
EPA/DEP I.D. No.	Name	Physical Address
	Frank's Vacuum Truck Service, Inc.	The state of the s
Para		
(If coverage is for mult	iple facilities, identify each facility insured.)	
\$	ary and the company shall not be liable for amount for each accident, exclusive of legal defense in issued on	
	(date)	
The effective date of sa	aid policy is and the e	expiration date of said policy
is 5/25/16		
(date)	
\$ 5,000,000	s and the company shall not be liable for amount for each accident in excess of the underlying	ng limit of
\$ 1,000,000 under policy number FF	for each accident, exclusive of legal defens	se costs. The coverage is provided . The effective date of
under policy number	x200878413 , issued on 5/25/2015 (date)	. The effective date of
said policy is 5/25/2015	and the expiration date of said	policy is <u>5/25/16</u>
(date)		(date)

Mail original completed form to:

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

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.
- (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 S. Light
(Typed name)

President
(Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

336 Water Tower Circle, Colchester, VT 05446

(Address of Representative)

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 HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides 1. liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation

demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.		
The coverage applies a		
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
NYD982792814	Frank's Vacuum Truck Service, Inc.	1717 New Road, Niagara Falls, NY 14304
	·	
(If coverage is for mult	iple facilities, identify each facili	ty insured.)
This insurance is prima \$	ry and the company shall not be for each accident, exclusive	liable for amounts in excess of of the legal defense costs.
This insurance is <u>exces</u> \$ 5,000,000 \$ 1,000,000	ss and the company shall not be lifted for each accident in excess of for each accident, exclusive of	the underlying limit of
conditions of the policy	; provided, however, that any pro	urrences is subject to all of the terms and ovisions of the policy inconsistent with amended to conform with subsections (a)
(a) Bankruptcy or i	insolvency of the insured shall no ch this endorsement is attached.	ot relieve the Insurer of its obligations
(b) The Insurer is Inpolicy, with a right of re	able for the payment of amounts eimbursement by the insured for a	within any deductible applicable to the any such payment made by the Insurer.
Environmental Protection	ested by the Secretary (or designed on (FDEP), the Insurer agrees to the policy and all endorsements.	ee) of the Florida Department of furnish to the Department a signed
written notice and only	rsement (e.g., expiration, non-ren	e Insurer or the insured and any other newal), will be effective only upon days after a copy of such written notice certified mail return receipt.

Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

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. EEV900070449

Attached to and forming part of policy No. FFX200878413 issued by	
Nautilus Insurance Company, herein called the Insurer, of	
[Name of Insurer]	
7233 East Butherus Drive, Scottsdale, AZ 85260	to
[Address of Insurer]	
Frank's Vacuum Truck Service, Inc.	of
[Name of Insured]	
1717 New Road, Niagara Falls, NY 14304	
[Physical Address of Insured]	
this $\frac{9}{\text{(Day)}}$ day of $\frac{\text{June}}{\text{(Month)}}$, $20\frac{15}{\text{(Year)}}$.	
25 May 20 15	
The effective date of said policy is day of (Month) (Year)	
The effective date of said policy is $\frac{25}{\text{(Day)}} \text{ day of } \frac{\text{May}}{\text{(Month)}}, 20 \frac{15}{\text{(Year)}}$ The expiration date of said policy is $\frac{25}{\text{(Day)}} \text{ day of } \frac{\text{May}}{\text{(Month)}}, 20 \frac{16}{\text{(Year)}}$	
I hereby certify that the Insurer is licensed to transact the business of insurance, or expression in the provide insurance as an excess or surplus lines insurer, in one or more states including [Signature of Authorized Representative of Insurer] John S. Light	igible to ng Florida.
[Type Name]	
President	
[Title]	
Authorized Representative of Nautilus Insurance Company	
[Name of Insurer]	
336 Water Tower Circle, Colchester, VT 05446	

[Address of Representative]