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

JUL 29 2015

PER INC & COMPE

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

Starr Indemnity & Liability Cor	mpany	
	(Name of Insurer)	
(the "Insurer"), of 399	9 Park Avenue, 8th Floor, New York, NY 100	022
	(Address of Insurer)	
	t has issued liability insurance cover ation for sudden accidental occurrence	ing bodily injury and property damage including ces to
Raider Environmental Ser	rvices, Inc	
4	(Name of Insured)	
(the "Insured"), of 41	03 NW 132nd Street, Opa Locka FL 33054	
	(Physical Address of Insured)	
	e insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.170	financial responsibility under Florida . The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLR000143891	Raider Env. Services 4103	NW 132nd St., Opa Locka FL 3305
(If coverage is for mu	ltiple facilities, identify each facility	insured.)
\$ 1,000,000	nary and the company shall not be lia for each accident, exclusive of le SISIPCA08268315 , issued on July 1	egal defense costs. The coverage is provided
The effective date of	said policy is July 11, 2015 (date)	and the expiration date of said policy
is July 11, 2016	*	
(dat	te)	
	ess and the company shall not be liab	
\$ N/A \$ N/A	for each accident in excess of	
		the underlying limit of
under policy number	for each accident, exclusive o	f legal defense costs. The coverage is provided
under policy number_	for each accident, exclusive of N/A, issued on	f legal defense costs. The coverage is provided N/A . The effective date of (date)
said policy is N/A (date)	for each accident, exclusive of N/A, issued on	f legal defense costs. The coverage is provided N/A . The effective date 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:
 - (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)

Alex Pittignano (Typed name)

Vice President (Title)

Authorized Representative of

Starr Indemnity & Liability Company

(Name of Insurer)

399 Park Avenue, 8th Fl, New York, NY 10022 (Address of Representative)