Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

JUL 292015

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

Starr Indemnity & Liabili	y Company	[		
	(Name of Insur	rer)		
(the "Insurer"), of	399 Park Avenue, 8th Floor,	, New York, NY 10022		
, ,,	(Address of In			
-	nat it has issued liability is toration for sudden accidentation	''		d property damage includi
Raider Environmenta	il Services, Inc			
	(Name of Insur	red)		
(the "Insured"), o	f 4103 NW 132nd Street, Op.	a Locka FL 33054		
(,,,,		ress of Insured)		***************************************
	h the insured's obligation ode Rule 62-710.600(2)			
EPA/DEP I.D. No	o. Name	<u>:</u>	Physi	ical Address
FLR00014389	91 Raider Env. Se	rvices 4103	NW 132nd St	., Opa Locka FL 330
(If coverage is for	r multiple facilities, iden	tifv each facility i	nsured.)	
	•	•	·	c
1 his insurance is \$1,000,000	primary and the compan			The coverage is provided
	ber SISIPCA08268315	, 0.101d0.10 01 108		
ander poney num	·	, issued on July 11	2015	
ander poney num		, issued on July 11	(date)	
	e of said policy is July 11,		(date)	on date of said policy
			(date)	
	e of said policy is July 11,	2015	(date)	
The effective date		2015	(date)	
The effective date	e of said policy is July 11,	2015 (date)	(date) _ and the expirati	on date of said policy
The effective date is July 11, 2016  This insurance is \$ N/A	e of said policy is July 11,  (date)  excess and the company for each accid	(date)  shall not be liabledent in excess of the	(date) _ and the expirati e for amounts in e	on date of said policy  xcess of t of
The effective date is July 11, 2016  This insurance is \$ N/A \$ N/A	e of said policy is July 11,  (date)  excess and the company for each accid	(date)  shall not be liabledent in excess of the lent, exclusive of	(date)  and the expirative for amounts in every limited and enderlying limited and defense costs	on date of said policy  xcess of t of 5. The coverage is provide
The effective date is July 11, 2016  This insurance is \$ N/A	e of said policy is July 11,  (date)  excess and the company for each accid	(date)  shall not be liabledent in excess of the	(date)  and the expirative for amounts in every limited to the cost of the cos	on date of said policy
The effective date is July 11, 2016  This insurance is \$ N/A \$ N/A under policy num	e of said policy is July 11,  (date)  excess and the company for each accid	c shall not be liabled tin excess of the lent, exclusive of the lent, issued on	(date)  and the expiration of	on date of said policy  xcess of t of  The coverage is provide  The effective date of
The effective dates  Solution 11, 2016  This insurance is  N/A  N/A  nder policy num  said policy is N/A	e of said policy is July 11,  (date)  excess and the company for each accid	(date)  shall not be liabledent in excess of the lent, exclusive of	(date)  and the expiration of	on date of said policy  xcess of t of The coverage is provid The effective date

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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)

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)