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

AUG 1 4 2015

ITANCE PROGRAM

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

XL SPECIALTY INSURANCE	COMPANY	
	(Name of Insurer)	
(the "Insurer"), of 505 E	EAGLEVIEW BLVD., SUITE 100, EXTON, PA	19341-0636
	(Address of Insurer)	
	has issued liability insurance covion for sudden accidental occurre	ering bodily injury and property damage including ences to
ENVIRONMENTAL REMEDIA	ΓΙΟΝ SERVICES, INC.	
	(Name of Insured)	
(the "Insured"), of 760	Talleyrand Avenue, Jacksonville, FL 32202	
·	(Physical Address of Insured)
in connection with the Administrative Code R	insured's obligation to demonstra tule 62-710.600(2) and 62-730.1	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLD984261412	Environmental Remed	diation Services. Inc.
(If coverage is for mult	iple facilities, identify each facili	ty insured.)
This insurance is prima § 4,000,000 under policy number A	ary and the company shall not be for each accident, exclusive of EC000450215, issued on 08/0	legal defense costs. The coverage is provided
ander penely numeer _	, 155464 011	(date)
The effective date of sa	aid policy is 08/01/2015 (date)	and the expiration date of said policy
is 08/01/2016	<u> </u>	
(date)	
This insurance is exces \$ 4,000,000	s and the company shall not be li for each accident in excess of	of the underlying limit of
\$ 1,000,000		of legal defense costs. The coverage is provided
under policy number_∪	EC000450415 , issued or	1 08/01/2015 . The effective date of (date)
said policy is 08/01/2015	and the expiration	n date of said policy is 08/01/2016
(date)	-	(date)

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.
 - (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)

Kathleen McGinn

(Typed name)

Senior Vice President -Transportation

(Title)

Authorized Representative of

XL SPECIALTY INSURANCE COMPANY

(Name of Insurer)

505 EAGLEVIEW BLVD., SUITE 100, EXTON, PA 19341-0636

(Address of Representative)



505 Eagleview Boulevard Suite 100 Exton, PA 19341 USA Phone 800 327 1414

+1 610 968 9500 Fax +1 610 458 8667 www.xlinsurance.com

August 12, 2015

State of Florida
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: ENVIRONMENTAL REMEDIATION SERVICES, INC. EPA ID# FLD984261412

Dear Janet Ashwood,

Enclosed please find the State of Florida Hazardous Waste Transporter Certificate of Insurance Liability and Certificate of Liability Insurance Used Oil Transporters for the above named insured.

If you should have any questions; I can be reached at the number listed below.

Thank you,

Nancy Moore, AINS Strategic Technical Unit Enterprise Operations

Mancy Moore

XL Catlin Insurance - NA Environmental

Phone 610.968.9272

Email address: Nancy.Moore@xlcatlin.com

Cc: file Enclosure(s)