

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 17 2015

SETTING & COMPLIANCE PROGRAM

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

1. Great Divide Insurance Company

(Name of Insurer)

(the "Insurer"), of 7233 East Buttherus, Drive Scottsdale, AZ 85260

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

RSO, Inc.,

(Name of Insured)

(the "Insured"), of 5206 Minnick Rd, Laurel MD 20707

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>MDD-06-927-9669</u>	<u>RSO, Inc.</u>	<u>5204 Minnick Road, Laurel, MD 20707</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP1532754-14, issued on June 11, 2015.
(date)

The effective date of said policy is June 11, 2015 and the expiration date of said policy is June 11, 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 under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is June 11, 2016.
(date) (date)

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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)

Tina Liu

(Typed name)

Senior Underwriter

(Title)

Authorized Representative of

Great Divide Insurance Company

(Name of Insurer)

125 Summer Street, Suite 2050, Boston, MA 02110

(Address of Representative)

**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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
MDD-06-927-9669	RSO, Inc.	5204 Minnick Road, Laurel, MD 20707

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ \$1,000,000.00 for each accident, exclusive of the legal defense costs.

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.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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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. **BAP1532754-14** 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]
RSO Inc of
[Name of Insured]

5206 Minnick Rd Laurel, MD 20707

[Physical Address of Insured]

this **12** day of **August**, 20**15**.
(Day) (Month) (Year)

The effective date of said policy is **11** day of **June**, 20**15**.
(Day) (Month) (Year)

The expiration date of said policy is **11** day of **June**, 20**16**.
(Day) (Month) (Year)

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 or more states including Florida.

[Signature of Authorized Representative of Insurer]

Tina Liu

[Type Name]

Senior Underwriter

[Title]

Authorized Representative of

Great Divide Insurance

[Name of Insurer]

125 Summer Street, Suite 2050, Boston, MA 02110

[Address of Representative]