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

For assistance call: 850-245-8707

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SEP 1 4 2015

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

* RMITTING & COMPLIANCE 'S!STANCE PROGRAM

| GREENWICH INSURANCE CO | DMPANY | |
|---|---|--|
| | (Name of Insurer) | |
| (the "Insurer"), of SEAV | IEW HOUSE, 70 SEAVIEW BLVD., STAMFORD CT | 06902 |
| | (Address of Insurer) | |
| | has issued liability insurance covering ion for sudden accidental occurrences | bodily injury and property damage includi to |
| MCF SYSTEMS ATLANTA, INC | D. | |
| | (Name of Insured) | |
| (the "Insured"), of 4319 | TANNER'S CHURCH ROAD, BLDG A, ELLENWOO | DD GA 30294 |
| | (Physical Address of Insured) | |
| | insured's obligation to demonstrate final demonstrate final de 62-710.600(2) and 62-730.170. | |
| EPA/DEP I.D. No. | <u>Name</u> | Physical Address |
| GAR000060905 | MCF SYSTEMS ATLANTA | A, INC. 4319 Tanners Church Ro |
| (If coverage is for mult | tiple facilities, identify each facility in | cured) |
| | | |
| This insurance is <u>prima</u> \$ 1,000,000 | ary and the company shall not be liabl for each accident, exclusive of lega | |
| under policy number A | EC000577415 , issued on 9/11/2015 | ii detense costs. The coverage is provided |
| | | · |
| | | |
| The effective date of sa | | · |
| The effective date of sa is 9/14/2016 | aid policy is 9/14/2015 (date) | (date) |
| | (date) | (date) |
| is 9/14/2016 (date | (date) | (date)and the expiration date of said policy |
| is 9/14/2016 (date This insurance is exces \$ 0 | (date) c) ss and the company shall not be liable for each accident in excess of the | (date) and the expiration date of said policy for amounts in excess of e underlying limit of |
| is 9/14/2016 (date This insurance is excess 0 5 0 | (date) ss and the company shall not be liable for each accident in excess of the for each accident, exclusive of le | (date) and the expiration date of said policy for amounts in excess of e underlying limit of egal defense costs. The coverage is provide |
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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.

| Kathleen M. | . Sin |
|------------------------------------|----------------|
| (Signature of Authorized Represent | |
| Kathleen McGir | nn |
| (Typed name) | · |
| Vice President | |
| (Title) | |
| Authorized Representative of | |
| GREENWICH INS | URANCE COMPANY |

505 Eagleview Blvd, Exton PA 19341

(Address of Representative)

(Name of Insurer)

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Tallahassee, Florida 32399-2400

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

| (the "Insurer"), of SEAVIEW HOUSE, 70 SEAVIEW BLVD STAMFORD CT 06902 (Address of Insurer) hereby certifies that it has issued liability insurance covering bodily injury and property damage in environmental restoration for sudden accidental occurrences to MCF SYSTEMS ATLANTA, INC. (Name of Insured) (the "Insured"), of 4319 TANNER'S CHURCH ROAD, BLDG A, ELLENWOOD GA 30294 (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: EPA/DEP I.D. No. Name Physical Address GAR000060905 MCF SYSTEMS ATLANTA, INC. 4319 Tanners Church Bldg A., Ellenwood GA 30294 (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 for each accident, exclusive of legal defense costs. The coverage is provunder policy number (date) The effective date of said policy is and the expiration date of said policy is and the expiration date of said policy is (date) | cludin |
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| \$ | |
| under policy number, issued on (date) The effective date of said policy is and the expiration date of said policy (date) | ided |
| The effective date of said policy is and the expiration date of said policy (date) | |
| (date) | |
| | , |
| is ^{9/14/2016} . | |
| (date) | |
| This insurance is excess and the company shall not be liable for amounts in excess of | |
| \$ 4,000,000 for each accident in excess of the underlying limit of | , |
| \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is pr | , |
| under policy number UEC000577815 , issued on 9/11/2015 . The effective | ovided |
| said policy is 9/14/2015 and the expiration date of said policy is 9/14/2016 | |
| (date) | |

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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.
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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.

| Kathleen Mc Gin |
|---|
| (Signature of Authorized Representative of Insurer) |
| Kathleen McGinn |
| (Typed name) |
| Vice President |
| (Title) |
| Authorized Representative of |

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd, Exton PA 19341

(Address of Representative)