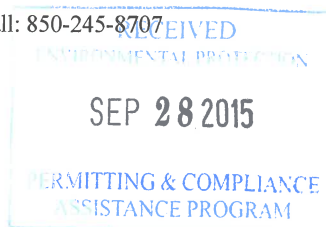


Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707



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

1. XL SPECIALTY INSURANCE COMPANY

(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Exton, PA 19341

(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

Perma-Fix of Florida, Inc.

(Name of Insured)

(the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653

(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

FLD980711071 Perma-Fix of Florida, Inc 1940 NW 67th Pl, Gainesville, FL 32653

(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 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number AEC004445101 issued on 09/01/2015
(date)

The effective date of said policy is 09/01/2015 and the expiration date of said policy
is 09/01/2016
(date)

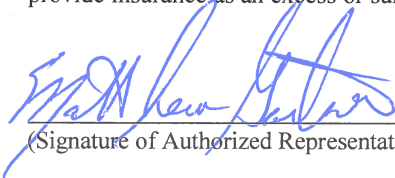
This insurance is excess and the company shall not be liable for amounts in excess of
\$1,000,000 for each accident in excess of the underlying limit of
\$4,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number UEC004445201, issued on 09/01/2015 The effective date of
(date)
said policy is 09/01/2015 and the expiration date of said policy is 09/01/2016
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
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.
- (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)

Matthew Gartner

(Typed name)

Assistant Vice President

(Title)

Authorized Representative of

XL SPECIALTY INSURANCE COMPANY

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)



September 24, 2015

VIA UPS

Janet Ashwood
Waste Management Division
Hazardous Waste Regulation Section
Department of Environmental Protection
2600 Blair Stone Road MS 4560
Tallahassee, FL 32399-2400

RE: Certificate of Liability for Perma-Fix of Florida, Inc. (FLD 980 711 071)

Dear Ms. Ashwood:

With this letter I am submitting an updated Certificate of Liability Insurance, DEP Form 62.730.900(5)(a), for Perma-Fix of Florida.

If you have any questions regarding this information, please feel free to call me at (352) 395-1356 or e-mail me at kfogleman@perma-fix.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kurt Fogleman", with a long horizontal line extending to the right.

Kurt Fogleman
Environmental, Health & Safety Manager
Perma-Fix Southeast Region

