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

OCT 1 2 2015

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

	(Name of Insurer)	
(the "Insurer"), of 161 N	orth Clark St., 48th Floor, Chicago, IL 60601	
·	(Address of Insurer)	
	as issued liability insurance covering bodi on for sudden accidental occurrences to	ily injury and property damage includ
Action Environmental, LLC		
	(Name of Insured)	
(the "Insured"), of _14830	Alabama Highway 91, Hanceville, AL 35077	
	(Physical Address of Insured)	
	nsured's obligation to demonstrate financiale 62-710.600(2) and 62-730.170. The co	-
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
		14020 AL Lluny 01
ALR000056689	Action Environmental, LLC	14830 AL Hwy 91 Hanceville, AL 35077
ALR000056689	Action Environmental, LLC	
		Hanceville, AL 35077
(If coverage is for multi	ple facilities, identify each facility insured y and the company shall not be liable for for each accident, exclusive of legal defe	Hanceville, AL 35077
(If coverage is for multip This insurance is primar \$2,000,000	ple facilities, identify each facility insured y and the company shall not be liable for for each accident, exclusive of legal defe GCC000214215 , issued on 09/30/2015 (da	Hanceville, AL 35077 I.) amounts in excess of ense costs. The coverage is provided
(If coverage is for multiply This insurance is primar \$2,000,000 under policy number EA	ple facilities, identify each facility insured y and the company shall not be liable for for each accident, exclusive of legal defe GCC000214215, issued on 09/30/2015 (da d policy is	Hanceville, AL 35077 L.) amounts in excess of ense costs. The coverage is provided ate)
(If coverage is for multiple of the coverage is for multiple o	ple facilities, identify each facility insured y and the company shall not be liable for for each accident, exclusive of legal defe GCC000214215, issued on 09/30/2015 (da d policy is	Hanceville, AL 35077 L.) amounts in excess of ense costs. The coverage is provided ate)
(If coverage is for multip This insurance is primar \$2,000,000	ple facilities, identify each facility insured y and the company shall not be liable for for each accident, exclusive of legal defe	Hanceville, AL

For assistance call: 850-245-8707

- 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 Eleman.

faces 6	1/2
(Signature of Authorized Representative of Insurer)	
TOHNF Mcl.	settlin
Typed name)	
Title)	

Authorized Representative of

(

HDI-Gerling America Insurance Company

(Name of Insurer)

10 Content/ALD POBODY, MA 11960

(Address of Representative)