Mail original completed form to:

1.

Zurich American Insurance Company

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

RECEIVED

OCT 1 6 2015

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

Editori / intertodri modianeo company		
	(Name of Insurer)	
(the "Insurer"), of 1400 Americ	an Lane, Schaumburg, IL 60196-1056	
	(Address of Insurer)	
	ssued liability insurance covering bo or sudden accidental occurrences to	odily injury and property damage including
Dupre Logistics, LLC		
(Name of Insured)	
(the "Insured"), of 201 Energy	Parkway, Suite 500, Lafayette, LA 70508	
	Physical Address of Insured)	
	ed's obligation to demonstrate finan 2-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	Name	Physical Address
AR 000 045 963	Dupre Logistics, LLC	201 Energy Parkway, Ste. 500
If coverage is for multiple	facilities, identify each facility insur	red.)
\$ 5,000,000 for		or amounts in excess of efense costs. The coverage is provided
under policy number TRK 59	6139 10 , issued on 10/01/2015	(date)
The effective date of said po	olicy is 10/01/2015 ar (date)	nd the expiration date of said policy
S_10/01/2016	(date)	
(date)		
5,000,000	the company shall not be liable for for each accident in excess of the ur	
		defense costs. The coverage is provided
under policy number_BE01554		
said policy is 10/01/2015	and the expiration date o	(date)
(date)	and the expiration date o	(date)
(auto)		(4410)

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)

Ryan Shinkle

(Typed name)

Producer

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

229 Heymann Blvd., Lafayette, LA 70503

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

PRODUCER	· Caralana I	CONTACT NAME: Myra Latiolais, CISR			
Arthur J. Gallagher Risk Manageme P.O. Drawer 51187	nt Services, Inc.	PHONE (A/C, No, Ext): 337-289-5048 (A/C, No):		366-421-2655	
Lafayette LA 70505	RECEIVED	E-MAIL ADDRESS: Myra_Latiolais@ajg.com			
	t een to the television than the	INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	SEP 2 4 2015	INSURER A: Zurich American Insurance	16535		
INSURED	RMITTING & COMPLIANCE	INSURER B : National Union Fire Insura	19445		
Dupre Logistics, LLC		INSURER C: American Zurich Insurance	40142		
201 Energy Parkway Suite 500 Lafayette, LA 70508-3839		INSURER D : Lexington Insurance Comp	19437		
	STANCETROCKS	INSURER E :			
		INSURER F :			

CERTIFICATE NUMBER: 1732083071 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

VSR .TR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs
Α	X COMMERCIAL GENERAL LIABILITY			GLO 5916141 10	10/1/2015	10/1/2016	EACH OCCURRENCE	\$2,000,000	
	_	CLAIMS-MADE X OCCUR				1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X	Contractual Liab						MED EXP (Any one person)	\$5,000
			_					PERSONAL & ADV INJURY	\$2,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:	i)					GENERAL AGGREGATE	\$2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
1		OTHER:							\$
A		OMOBILE LIABILITY			TRK 5916139 10	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
		ANY AUTO	1					BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X	Poll #CA9948 X Phys Dam							\$
В	X	UMBRELLA LIAB X OCCUR			BE015542652	10/1/2015	10/1/2016	EACH OCCURRENCE	\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
		DED X RETENTION \$ 10,000		270000000000000000000000000000000000000				\$	
A		KERS COMPENSATION EMPLOYERS' LIABILITY Y / N		1	WC 5916135 10	10/1/2015	10/1/2016	X PER OTH-	
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE N						E.L. EACH ACCIDENT	\$1,000,000
	Mano	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESC	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
		er interchange o Coverage			TRK 5916139 10 066095473				ACV \$250,000

ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) MCS-90 Endorsement Applies.

CERTIFICATE HOLDER	

EPA ID Notification Coordinator Hazardous Waste Regulation Section MS 4560 2600 Blair Stone Road Tallahassee FL 32399-2400 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE