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

Everest Indemnity	Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of	P.O. Box 830 Liberty Corner, NJ 0793	8-0830
( /*	(Address of Insurer)	
	at it has issued liability insurance covoration for sudden accidental occurre	ering bodily injury and property damage includi ences to
FECC, Inc.		
	(Name of Insured)	
(the "Insured"), of	3652 Old Winter Garden Road, Orland	do, FL 32805
	(Physical Address of Insured	i)
	the insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD981748015	FECC, Inc. 3652 Old Winter Gard	d Orlando, FL 32805
	. 200; mor occ2 ora vintor cara	
-		
ac c	11:1 6 11:2 11 20 1 6 1	
(If coverage is for	multiple facilities, identify each facil	ity insured.)
This insurance is p	rimary and the company shall not be	liable for amounts in excess of
\$1,000,000	for each accident, exclusive of	f legal defense costs. The coverage is provided
under policy numb	er <u>EF4ML01716-151</u> , issued on	11/1/15
		(date)
The effective date	of said policy is 11/1/15	and the expiration date of said policy
	(date)	T T T T T T T T T T T T T T T T T T T
is_11/1/16	E	
(	date)	
This insurance is e	xcess and the company shall not be l	iable for amounts in excess of
\$_4,000,000	for each accident in excess	
\$4,000,000 \$4,000.000		of legal defense costs. The coverage is provide
under policy numb		n 11/1/15 . The effective date of
		(date)
said policy is(date		(date) on date of said policy is(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.

White the state of
(Signature of Authorized Representative of Insurer)
William Twitty
(Typed name)
President
(Title)
Authorized Representative of
Everest Indemnity Insurance Company
(Name of Insurer)
P.,O. Box 830 Liberty Corner, NJ 07938-0830
(Address of Representative)