

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



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

I. National American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 1010 Manvel Avenue., Chandler, OK 74834  
(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

Hull's Environmental Services Inc  
(Name of Insured)

(the "Insured"), of 6988 Reck Rd., Wilson OK 73463  
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000211094,	Hull's Environmental Services Inc.,	11231 Hwy 77, Panama City,
FLR000195826,	Hull's Environmental Services Inc,	10145 103rd St., Jacksonville,
FLR000211102,	Hull's Environmental Services Inc,	7930 US Hwy 301, Tampa FL,

(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 OG19810535, issued on 11/1/2015.  
(date)

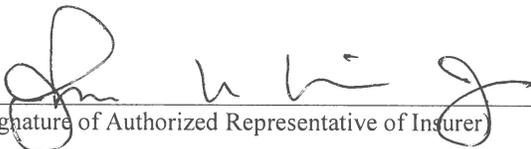
The effective date of said policy is 11/1/2015 and the expiration date of said policy is 11/1/2016.  
(date)

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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number OG19810535, issued on 11/1/2015. The effective date of said policy is 11/1/2015 and the expiration date of said policy is 11/1/2016.  
(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.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

**John Wilkins Jr**  
\_\_\_\_\_  
(Typed name)

**President**  
\_\_\_\_\_  
(Title)

Authorized Representative of  
**National American Insurance Company**  
\_\_\_\_\_  
(Name of Insurer)

**1010 Manvel Avenue., Chandler, OK 74834**  
\_\_\_\_\_  
(Address of Representative)

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

I. Markel Insurance Company  
(Name of Insurer)

(the "Insurer"), of 4521 Highwoods Parkway, Glen Allen, VA 23060  
(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

Hull's Environmental Services Inc  
(Name of Insured)

(the "Insured"), of 6988 Reck Rd., Wilson OK 73463  
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000211094,	Hull's Environmental Services Inc.,	11231 Hwy 77, Panama City,

FLR000195826,	Hull's Environmental Services Inc,	10145 103rd St., Jacksonville,
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FLR000211102,	Hull's Environmental Services Inc,	7930 US Hwy 301, Tampa FL,
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(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 \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ERAFWTC15, issued on 11/1/2015.  
(date)

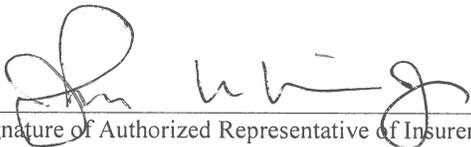
The effective date of said policy is 11/1/2015 and the expiration date of said policy is 11/1/2016.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ERAFWTC15, issued on 11/1/2015. The effective date of said policy is 11/1/2015 and the expiration date of said policy is 11/1/2016.  
(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.



(Signature of Authorized Representative of Insurer)

**John Wilkins Jr**

(Typed name)

**President**

(Title)

Authorized Representative of

**Markel Insurance Company**

(Name of Insurer)

**4521 Highwoods Parkway, Glen Allen, VA 23060**

(Address of Representative)



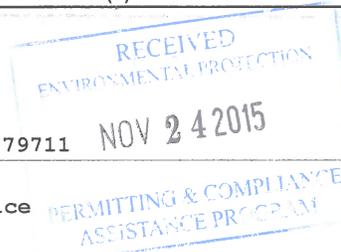
# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/19/2015

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 certificate holder in lieu of such endorsement(s).

PRODUCER <b>MCANALLY WILKINS, INC</b> P.O. Box 60810  Midland TX 79711		CONTACT NAME: <b>Gayla Schweer</b> PHONE (A/C, No, Ext): <b>(432) 685-9300</b> FAX (A/C, No): <b>(855) 928-0909</b> E-MAIL ADDRESS: <b>gayla@mcanallywilkins.com</b>	
INSURED <b>Hull's Environmental Service</b> 6988 Reck Road  Wilson OK 73463		INSURER(S) AFFORDING COVERAGE INSURER A <b>National American Insurance Company</b> NAIC # <b>23663</b> INSURER B <b>American Interstate</b> <b>31895</b> INSURER C <b>Mid Continent Casualty Company</b> <b>23418</b> INSURER D <b>Markel Insurance Company</b> <b>38970</b> INSURER E : INSURER F :	



COVERAGES CERTIFICATE NUMBER: 15/16 Hull's COI 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OG19810535	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 700,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000
D	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ERAFWTC15	11/1/2015	11/1/2016	PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution \$ 10,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		OA22020535 Hired Auto-Comp Ded \$100 Hired Auto Coll Ded \$1,000	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		OU45480935	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	AVWCOK2346302015 Alternate Employer Jones Act/USL&H Maritime Employers	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Cargo		04IM95103	11/1/2015	11/1/2016	Any One Unit \$750,000
C	Leased/Rented Equipment		04IM59103	11/1/2015	11/1/2016	Any One Item \$285,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
DEP#FLR000211094--Panama City, FL  
DEP#FLR000195826--Jacksonville, FL  
DEP#000211102--Tampa FL

Used Oil Transporters  
All policies except Workers' Compensation include a blanket automatic additional insured endorsement that

CERTIFICATE HOLDER  DEP Waste Management Division HWRS, MS4560 State of Florida 2600 Blair Stone Road Tallahassee, FL 32399-2400	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  John Wilkins, Jr/GJS <i>John W. Wilkins Jr</i>
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## COMMENTS/REMARKS

provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. All policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. Policies certified contain 30 day notice of cancellation.