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 FAL PROTECTION

DEC 0 3 2015

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM



1.

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

ACE AMERICAN	INSURANCE COMPANY		
(N	ame of Insurer)	_	
(the "Insurer"), of 436 WALNUT S	TREET PHILADELPHIA, PA 19106		
	ddress of Insurer)		e
hereby certifies that it has issu environmental restoration for		ring bodily injury and property dances to	nage including
CARBON EXPRESS	INC		
(Na	nme of Insured)		
(the "Insured"), of 382 STATE RO	UTE 15S WHARTON, NJ 07885		
	ysical Address of Insured)		
in connection with the insured	s obligation to demonstrate	e financial responsibility under Flo 0. The coverage applies at:	
EPA/DEP LD. No. S.J. M.	Name	Physical Address State Route 15S Wharton,	
N ID081566482 Carbo	n Everoce Inc 292 S	State Poute 159 Wharten	MI 107005
(If coverage is for multiple fac	ilities, identify each facility	y insured.)	
This insurance is <u>primary</u> and t \$ 5,000,000 for ea under policy number H08452684	ich accident, exclusive of l	egal defense costs. The coverage	is provided
		(date)	
The effective date of said polic	y is 12-01-2015 (date)	and the expiration date of said	l policy
is 12-01-2016 (date)			
771.	1 11	11.0	
This insurance is <u>excess</u> and th for	e company snall not be flat each accident in excess of		
§ for	each accident, exclusive o	of legal defense costs. The coverage	ge is provided
under policy number	, issued on	. The effe	ective date of
		(date)	
	and the expiration	date of said policy is 12-01-2016	
(date)		(date)	

- 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)

Roger Murphy

(Typed name)

Vice President

(Title)

Authorized Representative of

ACE AMERICAN INSURANCE COMPANY

(Name of Insurer)

436 Walnut St Phila., Pa 19106

(Address of Representative)