Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

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For assistance call: 850-245-8707

NOV 2 4 2015

REVIEWED

By ashwood_j at 2:57 pm, Dec 08, 2015

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

| Rockhill Insurance Company | | |
|--|--|---|
| | (Name of Insurer) | |
| (the "Insurer"), of 103 | 3 Galeria Blvd, Slidell LA 70458 | |
| | (Address of Insurer) | |
| | t has issued liability insurance covation for sudden accidental occurr | vering bodily injury and property damage includir ences to |
| Tank Wizards, Inc. | | |
| | (Name of Insured) | |
| (the "Insured"), of 15 | 11 Masters Road NW, Palm Bay FL 32907 | |
| | (Physical Address of Insured | d) |
| in connection with the Administrative Code | e insured's obligation to demonstra Rule 62-710.600(2) and 62-730.1 | ate financial responsibility under Florida 70. The coverage applies at: |
| EPA/DEP I.D. No. | Name | Physical Address |
| FLR000210542 | Tank Wizards, inc. 7619 | Coral Dr. W. Melbourne FL 32904 |
| | | |
| (If coverage is for mu | ltiple facilities, identify each facil | ity insured.) |
| This insurance is <u>prim</u> \$ 1,000,000 under policy number | | f legal defense costs. The coverage is provided |
| | | |
| The effective date of s | said policy is July 02, 2015 (date) | and the expiration date of said policy |
| is July 02, 2016 (dat | -) | |
| (dat | 5) | |
| \$ N/A | | of the underlying limit of of legal defense costs. The coverage is provided |
| under policy number_ | , issued or | n The effective date of (date) |
| said policy is | and the expiratio | n date of said policy isJuly 02, 2016 |
| (date) | | (date) |

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.
 - 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.

| Cignotive of Authorized Porces |
|---|
| (Signature of Authorized Representative of Insurer) James Hosner |
| (Typed name) |
| Agency Principal |
| (Title) |
| Authorized Representative of |
| Rockhill Insurance Company |
| (Name of Insurer) |
| 28051 US Hwy 19 No. Suite 104 Clearwater FL 33761 |

(Address of Representative)