Mail original completed form to:

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1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

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EXVIRONMENTAL PROGRATIO

DEC 1 4 2015

By ashwood_j at 4:00 pm, Dec 15, 2015

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

CIUIII & FOISC	•		Tance C	onipany	
	(Name of Insure	r)			
(the "Insurer"), of 30	5 Madison	Avenue	Morris	town N.T	07960
(ale inoarer), er	(Address of Insu		1101110	COWITY 110.	07200
	<u></u>	/			
hereby certifies that it has environmental restoration				ry and property d	amage includin
Green	Enterpri	ses, LLO	S		
	(Name of Insure				
(the "Insured"), of <u>35</u>	Davis Ave (Physical Addres		araland,	AL. 3657	71
in connection with the in Administrative Code Ru					lorida
EPA/DEP I.D. No.	Name			Physical Address	
ALRO00046581	Greer Enterpris	soc IIC3	5 Davie Av	Saraland	AL 36571
(If coverage is for multip	ole facilities, identif	y each facility	insured.)		
This insurance is primar	u and the company	chall not be lie	bla for amoun	te in avoace of	
\$ 2,000,000 under policy number		exclusive of le	gal defense co 709/2015	sts. The coverage	e is provided
under policy number	, 1	ssued OII	(date)		
The effective date of said	d policy is 12/	09/2015	and the ext	oiration date of sa	id policy
	- F	(date)			F).
s 12/09/2016	·				
(date)					
This insurance is excess	and the company sl	nall not be liab	le for amounts	in excess of	
\$4,000,000	for each accider				
\$4,000,000				costs. The cover	age is provided
under policy number El	X104736	, issued on _		5 The ef	fective date of
said policy is 12/09/2	2015	1	(date)	12/09/2	2016
said policy is (date)	and t	ne expiration	uate of said po	licy is 12/09/2 (date)	
				(uau	

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- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1: DEC 1 4 2015
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the NG & COMPLIANCE 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)

William Twitty
(Typed name)

President
(Title)

Authorized Representative of

Crum & Forster Specialty Insurance Company
(Name of Insurer)

305 Madison Avenue Morristown, NJ 07960

(Address of Representative)