Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-870 PECEIVED

JAN 1 5 2016

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

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

Starr indemnity & Liability Company			
()	Name of Insurer)		
(the "Insurer"), of 399 Park Ave		10022	
( /	Address of Insurer)		
hereby certifies that it has iss environmental restoration for			perty damage including
Stranco, LLC and Stranco, Inc.	Name of Insured)		
(the "Insured"), of 70459 Highw	ay 59, Abita Springs, LA 70420-3176 Physical Address of Insure		
(1	Hysical Address of Histore	d)	
in connection with the insure Administrative Code Rule 62			
EPA/DEP I.D. No.	Name	Physical A	Address
LAD980796627		70459 Hwy 59 Abita	a Springs, LA 7042
			······································
(If coverage is for multiple fa	acilities, identify each faci	lity insured.)	
This insurance is <u>primary</u> and \$1,000,000 for under policy number SISIPCAC	each accident, exclusive of	of legal defense costs. The c	
		(date)	
The effective date of said po	licy is_12/31/2015	and the expiration da	ate of said policy
is 12/31/2016	(date)		ne or said poricy
	(date)		ne or said policy
(date)	(date)		ac or said policy
(date) This insurance is excess and \$f \$f	the company shall not be for each accident in excess or each accident, exclusiv, issued	of the underlying limit of e of legal defense costs. Thom (date)	of e coverage is provided The effective date of
(date) This insurance is excess and f	the company shall not be for each accident in excess or each accident, exclusiv, issued	of the underlying limit of e of legal defense costs. Thom (date) on date of said policy is 12/3	of e coverage is provided The effective date of

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

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.
  - The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) 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 (c) 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) Alex Pittignano (Typed name)

Vice President

(Title)

Authorized Representative of

Starr Indemnity & Liability Company

(Name of Insurer)

399 Park Ave., 9th Floor, New York, NY 10022

(Address of Representative)

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(1	Name of Insurer)	
(the "Insurer"), of 399 Park Av	venue, 9th Floor, New York, N	Y 10022
(.	Address of Insurer)	
environmental restoration fo		overing bodily injury and property damage including arrences to
Stranco, LLC and Stranco, Inc.	Name of Insured)	
(the "Insured"), of 70459 Highw		
(.	Physical Address of Insu	red)
		strate financial responsibility under Florida 0.170. The coverage applies at:
EPA/DEP I.D. No.	Name O	Physical Address
LAD980796627		70459 Hwy 59 Abita Springs, LA 70420
(If coverage is for multiple t	Facilities identify each fa	cility incured )
(If coverage is for multiple f	•	
This insurance is <u>primary</u> an	nd the company shall not	be liable for amounts in excess of
This insurance is <u>primary</u> an	nd the company shall not each accident, exclusive	be liable for amounts in excess of of legal defense costs. The coverage is provided
This insurance is <u>primary</u> an Sfor	nd the company shall not each accident, exclusive	be liable for amounts in excess of of legal defense costs. The coverage is provided
This insurance is <u>primary</u> an S for under policy number	nd the company shall not each accident, exclusive , issued on	be liable for amounts in excess of of legal defense costs. The coverage is provided
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This insurance is primary an \$\sim_{\text{order}}\$ for under policy number	the company shall not reach accident, exclusive size and on the company shall not be accident, exclusive accident, exclusive accident, exclusive accident, issued on the company shall not be accompany shall not be accident.	be liable for amounts in excess of of legal defense costs. The coverage is provided (date)
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This insurance is primary an S for under policy number  The effective date of said policy said policy for the said	d the company shall not each accident, exclusive issued on olicy is (date)  I the company shall not b for each accident in exce for each accident, exclusive issued on olicy is (date)	be liable for amounts in excess of of legal defense costs. The coverage is provided  (date)  and the expiration date of said policy  e liable for amounts in excess of ss of the underlying limit of ive of legal defense costs. The coverage is provided

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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.

ally Pillignan	
(Signature of Authorized Representative of Insurer)	
Alex Pittignano	
(Typed name)	
Vice President	
(Title)	

Authorized Representative of

Starr Surplus Lines Insurance Compay

(Name of Insurer)

399 Park Ave., 9th Floor, New York, NY 10022

(Address of Representative)