

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Jonathan P. Steverson Secretary

03/24/2016

Michelle Kerns Action Resources, Inc PO Box 818 Mcalester, OK 74502-0818

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at 40 County Rd 517, Hanceville, AL 35077 has been registered through March 1, 2017 with the following status:

Facility ID # ALRO00007237

Transporter of Universal Waste Lamps and Devices

The registration form for the year **2017** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist Waste Reduction Section

Enclosures

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707

(for FDEP Official Use Only)

EVIRONAL PROTECTION

-Date Received

MAR 17 2016

PERMITTING & COMPLIANCE

EPAID: AL	R0000	0723	<u>, [[</u>	Please use	the instru	ictions	document to comp	plete this form PROOKAM			
1. Reason for Submittal	Mark 'X' in the correct box:	To provide in waste, universal					Number for hazardor vities).	us			
(all submitters must complete pages 1 and 2	1	☐ To provide su	ibsequent	notificatio	n (to upda	ate statu	s and facility identific	cation information).			
and sign page 5 Pages 3 and 4, - com-	if a notification)	10 provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)									
plete as applicable)	FL Registration(s)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)									
2. Facility or Business Name		Resourc	es,	INC.							
3. Facility Operator		Resources	, (NC					erator://			
(List additional Opera- tors in the comments section)	Street or P.O. Box:	ady boad	511				Phone Number:				
,	City or Town:	ancuille			State:		Zip Code: 35077	Country (if not USA):			
	Operator Type:	Private Fee	deral 🔲	Municipa	ıl 🔲 Stat	te 🔲 (County Other_				
4. Facility Physical	Physical Street Addr	ress: 40 C	ount	ry Qd	151	17		□Vessel			
Location Information (No P O. Boxes)	City or Town: Hance	ville		AL	ip Code: 35077						
Same address as #3 above or:											
5. Facility North Ar Classification Syst		A. 1418	1 <u>4 3 1</u>	13 10 1	(required)	l) B.					
Code(s) (at least 5	` ′	c. <u> </u>				D.	<u> </u>				
6. Facility or	Same address as		eet or P.O). Box:	P. O.	Box	818				
Business Mailing Address	City or Town:	Hester		State	الم	74	ostal Code:	Country (if not USA):			
7. Facility or Business	First Name: Michel	1.	Last Nan	Ke	ms			t Manager			
RCRA Contact Person	Phone Number:	Phone Number: Plant 2431 2431 Extension: E-Mail: Muchelle &						m 9186750344			
☐ Same address as	Street or P.O. Box:	P.O. Box	818								
#above or:	Street or P.O. Box:	1 UAloster		Sr	tate: ON	,	Zip Code:	Country (if not USA).			
8. Real Property (FL Land) Owner	Name of Owner:						Date became Own New Own				
of the Facility's Physical Location	Street or P.O. Box:					PI	hone Number:	ner mm dd yy			
(List additional owners in the comments section)	City or Town:			St	ate:		Zip Code: Country (If not USA)				
Same address as	Owner Type:	Private Feder	ral 🔲 N	Municipal	State		County Other				

RCRA Hazardou	s Waste Status No	otification or Out of	f Busin	ess Notificat	ion EPA ID	No. A(ROOM	07237		
9. RCRA Haza	rdous Waste Ac	tivities at this Fac	cility:	(Mark 'X' in all that apply):						
(A) (1)Generator	of Hazardous Wast	e	-	For Items	2 through 7, mark	'X' in all	that apply.			
☐Yes ☑ No	(Do not include Uni	iversal Waste or Used Oi	il)	(2) Treater, Storer, or Disposer of Hazardous Waste						
If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute				(at	your facility) Note a. Operating C	may be ommercia	required for al TSD	permit this activity.		
hazardo	per month (kg/mo) (ous waste; or Greater e hazardous waste (at	than 1 kg (2.2 lbs)	ite	 b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 						
b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg				 (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace 						
(at least	os) or less of acute hazardous waste st once a year) tionally Exempt SQG (CESQG):			[a. Small Quant b. Smelting, M	ity On-sit elting, an	e Burner Exe d Refining F	emption urnace Exemption		
(220 lbs)	tes in any calendar ms.) of non-acute hazar) or less of acute haz	(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.								
	m Generator (one-tir	r activities that apply	y •	(6) Receives Hazardous Waste from Off-Site						
		ime per year:SQG_	LQG	(0) —	receives Hazarao	23 11 4 3tC				
	ites Importer of haza		_ `	(7) Underground Injection Control						
g. Mixed W	aste (hazardous and r	radioactive) Generator	r							
your facility.	List them in the orde	Regulated Hazare r they are presented in list codes routinely or	the regi	ulations (e.g., I	0001, D003, F007, 1	K019, P01	12, U112).			
1	2	3	4		5	6	10	7		
8	9	10	11		12	13		14		
15	16	17	18		19	20	-	21		
11. Other Statu	s Changes (If no	longer handling wast	te or clos	sed, sections 9	and 10 should be bl	ank and s	kip Section 1	2-16):		
(A) Non-Handle	r of Regulated Wast	te at This Facility (Se	ections 9	9, 10 and 12-16	should be blank.)					
(1) Busin	ness no longer genera	ites, transports, treats,	stores, o	disposes of, or	otherwise handles a	ny regulat	ted waste.			
(B) Facility Clos	ed (Complete this se	ection only if all busine	ess activ	ities at this fac	ility have ceased.)					
(1) Close	ed at this location and	d moved or moving to	another	- Submit a nev	v Form 8700-12FL	for the ne	w location if	you will		
(2) Out of Business - Business closed on(date)										
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection										
12-14 — Registı	ration Activities	Contact Informa	ation (d	only if this subr	nission is a registrat	ion or reg	gistration info	ormation update):		
Same as Facility I Contact on page 1	RCRA or enter:				Last Name:			Title:		
Courts at fam.	Phone Nun	ıber:		Extension:	E-Mail:					
Contact for: HW Transporter Used Oil Handler	Street or P.	O. Box:								
Universal Waste	City or Tov	vn:		-	State:(Country):	State:(Country):		Zip Code:		

Universal Waste Notification and Mercury Transporter/Handler Registration EPAID No.	ALR 000007237							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)								
Accumulates: a. UW Batteries b. Pesticides c	c. Pharmaceuticals							
d. Mercury Containing Devices e. Merc	rcury Containing Lamps							
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.								
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration								
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at a	any one time)							
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical	l waste (UPW) accumulated							
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Depa	artment of Health [DOH])							
C. Florida Annual Mercury Handler Registration:								
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.								
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Ha □ First time registering □ Renewal □ One-time \$1,000 fee for Mercury for-hire first t								
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices								
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration							
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handle	I -							
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire l	handler Annual Registration.4 one– time \$1,000 feed							
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire h								
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) □ First time registering □ Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities:								
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.]								
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility	y pursuant to Rule [62-740.300(5)]							

Hazardous Waste and Used Oil Transporter Registratio	ns. PLR00007237								
14. HW Transporter Activities: (Mark 'X' and complete all tha	at apply if you need to register your HW Transporter activities)								
Transporters of and Transfer Facilities for Hazardous Wasterenew their registration. Evidence of casualty/liability insurance p Transfer facilities must submit several additional documents as detailed changes. Registered transporters and transfer facilities may only begin to Generators of hazardous waste who transport waste only within the	on page 5 the first time they register and when the information operations after receiving approval from the Department.								
A. HW Transporter Registration Information (must be completed annually and when this information changes)									
This facility is a registered transporter of hazardo	us waste.								
This form is: 🔲 Initial Registration 🔲 Renewal 🗆	Notification of changes								
☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste									
4. Transportation Mode Air Rail Highway Water Other - specify									
B. HW Transfer Facility Registration Information (mu	ist be completed annually and when this information changes)								
☐ This facility is a Hazardous Waste Transfer Faci	•								
This form is: 🔲 Initial Registration 🔲 Renewal 🔲	Notification of changes								
Note: Hazardous Waste transfer facilities must comply with the r	requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.								
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one): Our mailing (business) address The site (facility) address									
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Transfer Facility:								
Please see the top of page 5 for additional items that must be s Transfer Facilities [Rule 62-730.171(3), Florida Administrative	submitted in addition to the above registration for Hazardous Waste Code (F.A.C.)]:								
15. Used Oil and Oil Filter Activities: : (Mark 'X' and compl	ete all that apply if you need to register your used oil activities),								
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilit annually register with the Department using this form. All except Flori \$100 registration fee. This form is: Initial Registration Renewal	ida used oil (UO) Processors and collection centers must pay an annual								
If applicable, a check or money order, in the amount of \$100,	payable to Florida Department of Environmental Protection is enclosed.								
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter Management (must annually register)								
a. Transporter (off-site) and noncontiguous locations	a. Transporter								
☐ b. Transfer Facility	□ b. Transfer Facility								
(2) Collection Center (From businesses, <u>no more than 55 gal per shipment)</u>	☐ c. Processor (Annual Report Required) ☐ d. End User								
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,								
(4) Off-Specification Used Oil Burner FAC, are kept at (check one):									
(5) Used Oil Fuel Marketer	Our mailing (business) address The site (facility) address								
Please see the top of page 5 for additional items that must be submit exempt Used Oil Transporters.	tted in addition to the above registration and fees required for non-								

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPAID No.ALRO	$\overline{\mathfrak{M}}$	07237
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adv	itial notification for a transfer facility a			
Certification by a responsible corporate officer			f	
	tes (F.S.) [Rule 62-730.171(3)(a)1., F.A	_		
Evidence of the transporter's financial responsib	· ·			
A brief general description of the transfer facili A copy of the facility closure plan [Rule 62-730]		., F.A.C.]		
A copy of the facility closure plan [Rule 62-750]A copy of the contingency and emergency plan				
A copy of the contingency and emergency plan A map or maps of the transfer facility [Rule 62-				
(15 cont.) Used Oil Transporters: (Exemptions in				
In addition to the requirements on Page 4 Secti	ion 15:			
 ALL registered UO Handlers must submit their own company. 	an annual report except generators tra	ansporting UO from noncor	ıtiguot	is operations within
 UO transporters transporting off-site over 	public highways only within their ow	n company must submit pro	oof of i	insurance.
UO transporters transporting more than 50				
submission as a certified used oil transpor	ter in section 17 (except those exempted	by Rule 62-710.600(1), F A C	.).	
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).	, F.A.C	C. is attached.
17. Certification: I certify under penalty of law that	t this document and all attachments w	ere prepared under my direc	ction o	r supervision in
accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belief false information, including the possibility of fine at	nalified personnel properly gather and eactive f, true, accurate, and complete. I am av	evaluate the information sul ware that there are significat	bmitted	d. The information
I certify as a Used Oil Transporter that I am to tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter Communication.	ng program in place covering the applic	cable used oil rules. Eviden	ice of fi A.C	
Signature of owner, operator, or an authorized representative	Print Name and	Title	Used Oıl	Date Signed (mm-dd-yyyy)
mulle Oem	Michelle Kerns	Bernut 1	D	2-26-16
200		7// 00.5-70		
If the person that filled in this form is not the Facility	y Contact or Operator, please comp	l lete the information below	 v:	·-
(Name of person completing this form)	(Phone Number)	(E-mail Address)		



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used
Oil and Used Oil Filter Handlers Effective Date 4-23-13 Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below)

For the reporting period January 1, 2015 through December 31, 2015

Use the information recorded in your Record Keeping For	m [62-/10.901(2) or equival	ent to comple	te this document.
SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS				
1. Company Name: ALTION RESOURCES, INL.	2. Telephone No	918 4:	H572 H	
Site Address: 40 country Road 517				
Hameville, RL 35077	3 EPA ID No.	ALZO	100072-37	
☐ Check box if any of the above items (1-3) have changed since your last registration				
Alichalla	Zens			
Name of person preparing report (please print) Phone number (if different print)		()		
. Type of operation (check as many as apply to your operations) Jsed Oil ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation		☐Marketer [
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OF	L HANDLERS. USE	ED OIL FILTEI	R HANDLERS S	EE SECTION C)
. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industria	l Mixe	d Total
a. In Florida				
b. From out of State				
c. Beginning Inventory				
d. Total (sum of totals from Lines a + b + c)				0
. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)			In State	Out of State
N - Transferred to another facility (not an end use)				
O - Marketed as an on-specification used oil fuel				
F - Marketed as an off-specification used oil fuel				
I - Marketed for an industrial process				
B - Burned as an off-specification used oil fuel				
D- Disposed of: Landfilled				
Treated at a wastewater treatment	unit			
Incinerated				
. Total amount (in gallons) of Used Oil managed				
End of year, on hand estimate (difference between Line 1d and Line 3)				N

DEP Form #62-710.901(3)
Form Title Annual Report by
Used Oil and Used Oil Filter Handlers
Effective Date 4-23-13
Incorporated in Rule 62-710.510(5)

SECTION C USED OIL FILTERS (OPT	CHECK COLUMN IF OUT OF STATE ◆						
Number of filters on hand from previous y	уеаг						
2. Number of used oil filters collected							
3. Total number of used oil filters to manage (Line 1 plus Line 2)							
4. Disposition of used oil filters collected:	a. Transferred to another registered facility						
	b. Burned for energy recovery at a Waste-To-Energy facility .						
	c. Transferred directly to a metal foundry for recycling						
	d. TOTAL						
5. End of year, on hand estimate (Line 3 minus Line 4d)							
6. Gallons of used oil collected as a result of filter processing							
7. Gallons of used oil transferred to a used oil handler (transporter or processor)							
8. Volume of only waste collected and managed as a result of filter processing gallons cubic yards							
9. Description of oily waste management							
DIRECTIONS FOR SECTION C	Conversion Table						
One 55-gal	lon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filter	ers					

One 55- gallon drum of <u>uncrushed</u> used oil filters = approximately $\underline{250}$ used oil filters

One \underline{ton} of drained used oil filters = approximately $\underline{2,350}$ used oil filters

- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number of filters on hand at your site as of December 31, last year.
- 6. Fill in the number of gallons of used oil collected by your filter operation.
- 7. Enter the number of gallons transferred to a used oil transporter or processor.
- 8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/26/2016

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 Regions Insurance, Inc.	CONTACT NAME:	Amy Barefoot			
P.O. Box 1173	PHONE (A/C, No, Ext):	800-807-1412	FAX (A/C, No):	601-326-4766	
110 S. Three Notch St. Troy, AL 36081	E-MAIL ADDRESS:	Amy.Barefoot@regions.	com		
, , , , , <u>, , , , , , , , , , , , , , </u>		INSURER(S) AFFORDING COVER	AGE	NAIC #	
	INSURER A : HD	I-Gerling America Insurance	Company	41343	
INSURED	INSURER B : Le	19437			
Action Resources, Inc. 40 County Road 517	INSURER C : Ala	SIF			
Hanceville AL 35077	INSURER D : Essex Insurance Company INSURER E : New York Marine and General Ins				
	INSURER F : AIC	Specialty Insurance Compa	iny	26883	

COVERAGES CERTIFICATE NUMBER: 28730646 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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR			EGGCC000214215	9/30/2015	9/30/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000 100,000
	Se line wite V						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER							\$	
Α	AUTOMOBILE LIABILITY			EAGCC000214215	9/30/2015	9/30/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	✓ CA9948 Brd Pollution En						Trailer Interchange	\$	125,000 C/C
Α	UMBRELLA LIAB ✓ OCCUR			EXAGC000214215	9/30/2015	9/30/2016	EACH OCCURRENCE	\$	3,000,000
_	✓ EXCESS LIAB CLAIMS-MADE				0.000004-		AGGREGATE	\$	3,000,000
В	DED RETENTION \$	1		023815822	9/30/2015	9/30/2016	Each Occ/Aggregate	\$	7,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00300WCATAACRE2016	1/1/2016	1/1/2017	✓ PER OTH- STATUTE ER		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		3DY3143 WC201600007887	1/1/2016	1/1/2017	E L. EACH ACCIDENT	\$	1,000,000
-	(Mandatory in NH)	"		740201000007887	1/1/2010	1/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	\$	1,000,000
В	Motor Truck Cargo			012116713	8/30/2015	8/30/2016	\$2,000,000 Any One Veh \$2,000,000 Per Occurren		
F	Pollution Legal Liability			PLS13177179	9/30/2015	9/30/2016	\$5,000,000 Limit \$100,000 Deductible		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee FL 32399-2400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DÉLIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Wark L. Knotts

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