DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of
Liability Insurance
Effective Date: 1-29-06
DEP Application #

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1000	nd Casualty Insurance C	Ollipatry
	(Name of Insurer)	
(the "Insurer"), of 43	6 Walnut Street, Philad	delphia,PA 19106
-	(Address of Insurer)	
	has issued liability insurance covertion for sudden accidental occurre	ering bodily injury and property damage including nees to
Midwest Envi	ronmental Transport, in	nc.
	(Name of Insured)	
(the "Insured"), of 10)163 Cincinnati Dayton l	Road, Cincinnati, OH 45241
in connection with the	(Address of Insured) e insured's obligation to demonstra Rule 62-730.170. The coverage a	te financial responsibility under Florida
EPA/DEP I.D. No. OH0000000539	<u>Name</u> Midwest Environmenta	<u>Location</u> 10163 Cincinnati Daytor Cincinnati, OH 45241
This insurance is prim	nary and the company shall not be	liable for amounts in excess of
¢ 1,000,000	tor each accident exclusive of	Tegal defense costs. The coverage is broylded
under policy number	HO845310A 006, issued on 03	legal defense costs. The coverage is provided 3/28/2016.
under policy number	H0845310A 006, issued on 03	3/28/2016 (date)
under policy number	H0845310A 006, issued on 03	3/28/2016
under policy number	M0845310A 006, issued on 03 said policy is 04/01/2016 (date)	3/28/2016 (date)
under policy number. The effective date of s	M0845310A 006, issued on 03 said policy is 04/01/2016 (date)	3/28/2016 (date)
under policy number $\underline{}$ The effective date of s is $\underline{}$ 04/01/2017 (dat This insurance is exce	said policy is 04/01/2016 (date) te) ess and the company shall not be lease to the company shall not be le	(date) and the expiration date of said policy iable for amounts in excess of
under policy number	said policy is 04/01/2016 (date) te) ess and the company shall not be lefter each accident in excess of for each accident, exclusive	(date) (date) and the expiration date of said policy iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided
under policy number	said policy is 04/01/2016 (date) te) ess and the company shall not be lefter each accident in excess of for each accident, exclusive	iable for amounts in excess of of legal defense costs. The coverage is provided n The effective date of said policy
under policy number	said policy is 04/01/2016 (date) te) ess and the company shall not be lefter each accident in excess of for each accident, exclusive issued o	iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided n The effective date of (date)
under policy number	said policy is 04/01/2016 (date) te) ess and the company shall not be lefter each accident in excess of for each accident, exclusive issued o	iable for amounts in excess of of legal defense costs. The coverage is provided n The effective date of
under policy number	said policy is 04/01/2016 (date) te) ess and the company shall not be lefor each accident in excess of for each accident, exclusive issued o and the expiration.	(date) and the expiration date of said policy iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided n The effective date of (date) on date of said policy is

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- (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.

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the pring
(Signature of Authorized Representative of Insurer)
Rita Emig
(Typed name)
Underwriting Manager
(Title)
Authorized Representative of
ACE Property and Casualty Insurance Company
(Name of Insurer)
11575 Great Oaks Way, STE 200, Alpharetta, GA 30022
(Address of Representative)

1.

For assistance call: 850-245-8707

APR 0 5 2016

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

Westchester Surplus Lines Insura		
	(Name of Insurer)	
(the "Insurer"), of 436 Wal	Inut Street, Philadelphia, PA 19106	
	(Address of Insurer)	
hereby certifies that it he environmental restoration	as issued liability insurance co on for sudden accidental occur	overing bodily injury and property damage including rences to
Midwest Environmental Transpor		
	(Name of Insured)	
(the "Incurad") of 10163	3 Cincinnati Dayton Road, Cincinnati, OH 4	5241
(the firstred), or	(Physical Address of Insur	red)
in connection with the i Administrative Code Ru	nsured's obligation to demons ule 62-710.600(2) and 62-730	trate financial responsibility under Florida .170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
OH0000000539	Midwest Environm	ental Transport, Inc.
(If coverage is for mult	tiple facilities, identify each fa	cility insured.)
	ary and the company shall notfor each accident, exclusive	be liable for amounts in excess of cof legal defense costs. The coverage is provided
	von die	
The effective date of sa	aid policy is(date)	and the expiration date of said policy
The effective date of sa is 04/01/2017 (date	(date)	
is 04/01/2017 (date	(date)	and the expiration date of said policy
is 04/01/2017 (date This insurance is excess 4,000,000	(date) e) ss and the company shall not be for each accident in exce	and the expiration date of said policy be liable for amounts in excess of the underlying limit of sive of legal defense costs. The coverage is provid
is 04/01/2017 (date This insurance is excess	e) ss and the company shall not be for each accident in exceller for each accident, exclusive	and the expiration date of said policy be liable for amounts in excess of ess of the underlying limit of sive of legal defense costs. The coverage is provid d on
is 04/01/2017 (date This insurance is excess 4,000,000 \$ 1,000,000 under policy number G	e) ss and the company shall not be for each accident in excellent for each accident, exclusive for each accident for each accide	and the expiration date of said policy be liable for amounts in excess of ess of the underlying limit of sive of legal defense costs. The coverage is provided on 03/29/2016 The effective date (date)
is 04/01/2017 (date This insurance is excess 4,000,000 \$\frac{1}{1,000,000}\$	e) ss and the company shall not be for each accident in excellent for each accident, exclusive for each accident for each accide	and the expiration date of said policy be liable for amounts in excess of ess of the underlying limit of sive of legal defense costs. The coverage is provided on 03/29/2016 The effective 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)

Rita Emig

(Typed name)

Underwriting Manager

(Title)

Authorized Representative of

Westchester Surplus Lines Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Alpharetta, GA 30022

(Address of Representative)