Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707
REC ELVED
ENVIRONMENTAL PROTECTION

APR 28 2016

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

Old Republic Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 250 Pei	nle Avenue, Suite 201, Saddle Brook, New Jerse	ey 07663
	(Address of Insurer)	
	as issued liability insurance cover on for sudden accidental occurren	ring bodily injury and property damage including ces to
Zandotal Zigeni, mer	(Name of Insured)	
(the "Insured"), of $\underline{}^{13410}$	Sutton Park Drive South, Jacksonville, FL 3222 (Physical Address of Insured)	
	(I hysical Address of histored)	
	nsured's obligation to demonstrate ule 62-710.600(2) and 62-730.170	e financial responsibility under Florida). The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLR000099937	Landstar Ligon, Inc.	
	13410 Sutton Park D	rive South
	Jacksonville, FL 322	224
(If coverage is for multi	ple facilities, identify each facility	y insured.)
§ 1,000,000		egal defense costs. The coverage is provided
under policy number M	wtt307222 , issued on <u>5/1/2</u>	(date)
The effective date of sa	id policy is 5/1/2016 (date)	and the expiration date of said policy
is_5/1/2017	·	
(date)		
This insurance is excess \$ 4,000,000	and the company shall not be lia for each accident in excess of	
\$ 1,000,000		of legal defense costs. The coverage is provided
under policy number MV		5/1/2016 . The effective date of
	2 601 12 100	(date)
said policy is 5/1/2016	and the expiration	date of said policy is 5/1/2017
(date)		(date)

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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.

	of Da	
(Signature of	f Authorized Representative of Insurer)	
Craig	Dancer	

(Typed name)

Authorized Representative

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

1050 Connecticut Avenue, NW, Suite 700, Washington, DC 20036

(Address of Representative)