Mail original completed form to: Department 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

of Environmental Protection For assistance call: 850-245-8797 28 2016

PERMITTING & COMPLIANCE

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

1. National Union Fire Ins	urance Co. of Pittsburgh, (Nam	PA e of Insurer)	
(the "Insurer"), of AIG Constr	uction & Energy, 32 Old (Addr	Slip, 19 th Floor, New ess of Insurer)	v York, NY 10005
hereby certifies that it has environmental restoration for			injury and property damage including
Hittman Transport Services, I		CI 1)	
	(Nam	e of Insured)	
(the "Insured"), of 1560 Bear	Creek Road, Oak Ridge,	TN 37830	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l Address of Insured	
in connection with the insured Administrative Code Rule 62-			
EPA/DEP I.D. No.	Name		Physical Address
TNR000034686 (If coverage is for multiple fac	1560 BEAR CRE	NSPORT SERVICE EK ROAD, OAK RI	
This insurance is <u>primary</u> and \$ 2,000,000 for each accident, under policy number <u>CA2703</u>	exclusive of legal defens	se costs. The coverag	
The effective date of said poli is 05/01/2017. (date)	cy is $\frac{05/01/2016}{(date)}$ and the	expiration date of sai	ild policy
	r each accident in excess r each accident, exclusive	of the underlying line of legal defense cos	
ander pone; number	, 13500	(date)	. The effective date of
said policy is	and theexpira	,	policy is
(date)			(date)

Page 1 of 2

Mail original completed form to: Department 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.
 - (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)

Lucas Dietrich (Typed name)

Regional Manager, Underwriting – AIG Construction & Energy Casualty (Title)

National Union Fire Insurance Co. of Pittsburgh, Pa Authorized Representative of (Name of Insurer)

32 Old Slip, 19th Floor, New York, NY 10005 (Address of Representative)

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

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY **ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:
EPA/DEP I.D. No. TNR000034686 Hittman Transport Services, Inc. 1560 Bear Creek Road, Oak Ridge, TN 37830 (If coverage is for multiple facilities, identify each facility insured.)
This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of $\$2,000,000$ for each accident, exclusive of the legal defense costs.
This insurance is excess and the company shall not be liable for amounts in excess of S for each accident in excess of the underlying limit of \$
2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):
(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

(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.

Attached to and forming part of policy No. CA2703094 issued 05/01/2016 by

National Union Fire Insurance Co. of Pittsburgh, PA, herein called the Insurer, of [Name of Insurer]

AIG Construction & Energy, 32 Old Slip, 19th Floor, New York, NY 10005 to [Address of Insurer]

Hittman Transport Services, Inc. [Name of Insured]

1560 Bear Creek Road, Oak Ridge, TN 37830

[Physical Address of Insured]

 $\begin{array}{ccc} \text{this} & \underline{26} & \text{day of} & \underline{\text{April}}, & 20\underline{16}. \\ & (\text{Day}) & (\text{Month}) & (\text{Year}) \end{array}$

The effective date of said policy is $\frac{1}{2}$ dayof $\frac{May}{(Month)}$ $\frac{2016}{(Year)}$

The expiration date of said policy is $\frac{1}{(Day)}$ day of $\frac{May}{(Month)}$ $\frac{2017}{(Year)}$

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 or more states including Florida.

(Signature of Authorized Representative of Insurer)

Lucas Dietrich (Typed name)

Regional Manager, Underwriting – AIG Construction & Energy Casualty (Title)

National Union Fire Insurance Co. of Pittsburgh, Pa Authorized Representative of (Name of Insurer)

32 Old Slip, 19th Floor, New York, NY 10005 (Address of Representative)