Department of Environmental Protection For assistance c 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

JUN 20 2016

PERMITTING & COMPLIANCE ASSISTANCE PROFILM

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

1. XL Specialty Insurance Company

Mail original completed form to:

(Name of Insurer)

(the "Insurer"), of <u>70 Seaview Avenue #7</u> (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

> <u>Heritage-Crystal Clean, LLC</u> (Name of Insured)

(the "Insured"), of 2175 Point Blvd Suite 375, Elgin, IL 60123 (Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at: ILR000130062 Heritage-Crystal Clean 2175 Point Blvd #375, Elgin, IL

EPA/DEP I.D. No.NamePhysical Address60123FLD065680613Heritage-Crystal Clean 105 S. Alexander St, Plant City FL33563

FLD984262410 Heritage-Crystal Clean 1280 NE 48th St, Pompano Beach, FL 33064

FLR000170431 Heritage-Crystal Clean 9940 Currie Davis Drive A44, Tampa, FL: 33619

FLR000154278 Heritage-Crystal Clean 11643 103rd St. Jacksonville, FL 32210 (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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>AEC002320207</u>, issued on <u>06/01/2016</u>.

(date)

The effective date of said policy is <u>06/01/2016</u> and the expiration date of said policy

(date)

is 06/01/2017

(date)

This insurance is <u>excess</u> and the company shall not be liable for amounts in excess of 1.000,000 for each accident in excess of the underlying limit of 1.000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>AEC002320207</u>, issued on <u>06/01/2016</u>. The effective date of (date) said policy is <u>06/01/2016</u> and the expiration date of said policy is <u>06/01/2017</u> (date)

Page 1 of 2

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

Mail original completed form to:

Department of Environmental Protection 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)

# Joseph S. Catanese

(Typed name)

## Vice President

(Title)

Authorized Representative of

# XL Specialty Insurance Company

(Name of Insurer)

### 505 Eagleview Blvd. Exton PA 19341

(Address of Representative)