REVIEWED

By Ashwood_J at 4:40 pm, Sep 08, 2016

t of Environmental Protection

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

For assistance call: 850-245-8707

RECEIVED ENVIRONMENTAL PROTECTION

SEP 01 2016

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

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

	Starr Surplus Lines Insurance Company
	(Name of Insurer)
	(the "Insurer"), of 399 Park Avenue, 8th Floor, New York, NY 19922 (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
	Universal Environmental Solutions, LLc
	(Name of Insured)
((the "Insured"), of 1650 Hemlock Street, Tampa, FL 33605 (Physical Address of Insured)
	n 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:
	PA/DEP I.D. No. Name Physical Address
_F	FLR000199802 Universal Environmental, LLC 1650 Hemlock Street, Tampa, FL 33605
_	
(If	coverage is for multiple facilities, identify each facility insured.)
Th \$_1 unc	is 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 der policy number 1000065363161, issued on <u>January 29,2016</u> . (date)
	e effective date of said policy is <u>January 29, 2016</u> and the expiration date of said policy (date) January 29, 2017 (date)
\$_1 unde	s insurance is excess and the company shall not be liable for amounts in excess of ,000,000 for each accident in excess of the underlying limit of ,000,000 for each accident, exclusive of legal defense costs. The coverage is provided policy number 1000336336161 issued on January 29,2016 The effective date of (date) policy is January 26, 2016 and the expiration date of said policy is January 29, 2017 (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.

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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.

Buckens 2. Lehren
(Signature of Authorized Representative of Insurer)
Anthony L. Lehnen (Typed name)
Senior Vice President
(Title)
Authorized Representative of
Starr Surplus Insurance company
(Name of Insurer)
300 South Riverside Plaza, Chicago, IL 60606 (Address of Representative)
(Tituloss of Hobiosomunia)

\$ 1,000,000

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STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

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. Name Physical Address FLR000199802 Universal Environmental, LLC 1650 Hemlock Street, Tampa, FL 33605 (If coverage is for multiple facilities, identify each facility insured.) This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 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 \$ 1.000.000 for each accident in excess of the underlying limit of

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):

for each accident, exclusive of legal defense costs.

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
- 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.
- 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.
- 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.

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The Insurer shall not be liable for the payment of any judgment or judgments against the (e) 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. 1000065363161 issued by	
Starr Surplus Lines Insurance Co., herein called the Insurer, of [Name of Insurer]	
399 Park Avenue, 8th Floor, New York, NY 19922	to
[Address of Insurer]	_ 10
Universal Environmental Solutions, LLC	
[Name of Insured]	_of
1650 Hemlock Street, Tampa, FL 33605 [Physical Address of Insured]	
this 12 day of August , 20 16 . (Year)	
The effective date of said policy is 29 day of January, 20 16. (Year)	
The expiration date of said policy is 29 day of January, 2017. (Day) (Month) (Year)	
hereby certify that the Insurer is licensed to transact the business of insurance, or eligorovide insurance as an excess or surplus lines insurer, in one or more states including Lecture [Signature of Authorized Representative of Insurer]	ible to Florida
•	
Anthony L. Lehnen Type Name	
Type Namej	
Vice President	
Title]	
Authorized Representative of	
Starr Surplus Lines Insurance Company	
Name of Insurer]	
300 South Riverside Plaza, Chicago, IL 60606 Address of Representative]	