## **REVIEWED**

By Ashwood\_J at 2:11 pm, Oct 03, 2016

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

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ENVIRONMENTAL PROTECTION

SEP 28 2016

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

HDI Global Insurance Company	y	
	(Name of Insurer)	
(the "Insurer"), of 161 N	orth Clark Street, 48th Floor, Chicago, IL 60601	
	(Address of Insurer)	
	has issued liability insurance covering ion for sudden accidental occurrences	bodily injury and property damage includit to
Action Resources, Inc.		
	(Name of Insured)	
(the "Insured"), of 40 C	ounty Road 517, Hanceville, AL 35077	
	(Physical Address of Insured)	
	insured's obligation to demonstrate findule 62-710.600(2) and 62-730.170.	
EPA/DEP I.D. No.	Name	Physical Address
ALR000007237	Action Resources, Inc.	40 County Road 517
*	*	*
(If coverage is for mult	iple facilities, identify each facility in	sured.)
This insurance is <u>prima</u> \$ 2,000,000.00 under policy number E	ary and the company shall not be liable for each accident, exclusive of legal AGCC000214216, issued on 09/30/2016	defense costs. The coverage is provided
The effective date of sa	uid policy is 09/30/2016 (date)	and the expiration date of said policy
is_09/30/2017	•	
(date	)	
\$ <u>3,000,000.0</u> \$ <u>2000,000.0</u> 0	s and the company shall not be liable to for each accident in excess of the for each accident, exclusive of legacident, issued on 09/30	underlying limit of gal defense costs. The coverage is provided
said policy is 09/30/2016	and the expiration date	e of said policy is 09/30/2017
(date)		(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)

John F. McCarthy Jr.

(Typed name)

Vice President

(Title)

Authorized Representative of

**HDI Global Insurance Company** 

(Name of Insurer)

10 Centennial Drive, Peabody, MA 01960

(Address of Representative)