Mail original completed form to:

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

For assistance call: 850-245-8707

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

3	(Name of Insurer)	- 14m or - 1
(the "Insurer"), of 436 Walnu	ut Street, Philadelphia, PA 19106	
((Address of Insurer)	
	issued liability insurance corfor sudden accidental occurr	vering bodily injury and property damage includi rences to
Lighting Resources, Inc.		
	(Name of Insured)	
(the "Insured") of 1919 Will	iams Street, Suite 350 Simi Valley. CA 9	93065
(110 111011-01), 01	liams Street, Suite 350 Simi Valley. CAS (Physical Address of Insure	ed)
		rate financial responsibility under Florida 170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
	ighting Pecources II	C 1007 SW16th Lane, Ocala, FL 344
(If coverage is for multiple		
	e facilities, identify each faci	llity insured.)
\$ 1,000,000 f	and the company shall not be or each accident, exclusive or	e liable for amounts in excess of of legal defense costs. The coverage is provided
\$ 1,000,000 f	and the company shall not be	e liable for amounts in excess of of legal defense costs. The coverage is provided
\$ 1,000,000 f	and the company shall not be or each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided
\$ 1.000,000 f under policy number H084	and the company shall not be for each accident, exclusive confidence on, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date)
\$ 1,000,000 f under policy number H084. The effective date of said	and the company shall not be or each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date)
\$ 1,000,000 f under policy number $\frac{\text{H084}^{2}}{\text{I}}$ The effective date of said is $\frac{10/01/2017}{\text{(date)}}$	and the company shall not be for each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date)
\$ 1.000,000 f under policy number H084* The effective date of said is 10/01/2017 (date) This insurance is excess as \$	and the company shall not be for each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of
\$ 1,000,000 f under policy number H084* The effective date of said is 10/01/2017 (date) This insurance is excess as \$	and the company shall not be for each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of e of legal defense costs. The coverage is provided
\$ 1.000,000 f under policy number H084* The effective date of said is 10/01/2017 (date) This insurance is excess as \$	and the company shall not be for each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of e of legal defense costs. The coverage is provident. The effective date
\$ 1,000,000 funder policy number H084* The effective date of said is 10/01/2017 (date) This insurance is excess as \$	and the company shall not be or each accident, exclusive of 16266 010, issued on	e liable for amounts in excess of of legal defense costs. The coverage is provided (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of e of legal defense costs. The coverage is provided

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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.

(Signature of Authorized Representative of Insurer)

Rita Emig

Auto Product Line Manager, Westchester Environmental

(Title)

(Typed name)

Authorized Representative of

ACE American Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

(Address of Representative)