1.

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

P. CEI 10 .Ec.1.17 OCT 21 2016

STATE OF FLORIDA

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

|  | (Name of Insurer)   |  |
|--|---|--|
| (the "Insurer"), of_   | 399 Park Avenue, 8th Floor, New York,   | NY 10022   |
|  | (Address of Insurer)  |  |
|  | it has issued liability insurance coveration for sudden accidental occurre  | ering bodily injury and property damage includinges to   |
| Bionomics, Inc.  |   |  |
|  | (Name of Insured)   |  |
| (the "Insured"), of_   | 1550 Bear Creek Road, Oak Ridge, TN37830  |  |
|  | (Physical Address of Insured  | )  |
|  | ne insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.17   | te financial responsibility under Florida<br>0. The coverage applies at:   |
| EPA/DEP L.D. No.   | Name  | Physical Address   |
| ND982116493  | Bionomics, Inc. 1550 Bear Creek Road, C   | Dak Ridge, TN 37830  |
|  | •   | ······································   |
| If coverage is for m   | ultiple facilities, identify each facilit   | y insured.)  |
| 'hīs īnsurance is <u>pri</u><br>1,000,000.00   | nary and the company shall not be li  | iable for amounts in excess of legal defense costs. The coverage is provided   |
| his insurance is <u>pri</u><br>1,000,000.00<br>nder policy number  | mary and the company shall not be lifer each accident, exclusive of I 1000066415161 issued on 10/   | iable for amounts in excess of legal defense costs. The coverage is provided 02/2016 (date)  |
| This insurance is <u>print</u> 1,000,000.00  nder policy number  The effective date of   | mary and the company shall not be lifer each accident, exclusive of I 1000066415161 issued on 10/   | iable for amounts in excess of legal defense costs. The coverage is provided 02/2016   |
| This insurance is <u>print</u> 1,000,000.00  nder policy number  the effective date of   | mary and the company shall not be lifer each accident, exclusive of I 1000066415161, issued on 10/  | iable for amounts in excess of legal defense costs. The coverage is provided 02/2016 (date)  |
| This insurance is print 1,000,000.00 nder policy number the effective date of 10/02/2017 (date in surance is executive in executive date of the control of the effective date of | mary and the company shall not be liming for each accident, exclusive of landon66415161 issued on 10/100066415161 (date)  said policy is 10/02/2016 (date)  css and the company shall not be liated for each accident in excess of for each accident, exclusive of the said policy is 10/02/2016 (date) | iable for amounts in excess of legal defense costs. The coverage is provided 02/2016 (date)  and the expiration date of said policy let for amounts in excess of the underlying limit of flegal defense costs. The coverage is provided (date) |

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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

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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.
  - (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 cligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

| (Signature of Authorized Representative of Insurer) |
|---|
| Rod King  |
| (Typed name)  |
| National Practice Leader                            |
| (Title)   |
| Authorized Representative of                        |
| Starr Indemnity & Liability Company                 |
| (Name of Insurer)                                   |
| 399 Park Avenue, 8th Fl, New York NY 10022          |
| (Address of Representative)                         |

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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