

REVIEWED

By Ashwood_J at 11:21 am, Nov 17, 2016

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

RECEIVED
ENVIRONMENTAL PROTECTION
NOV 17 2016
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

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

1. Starr Indemnity & Liability Company
(Name of Insurer)

(the "Insurer"), of 4 Chase Metrotech Center 7th Floor, East Brooklyn, NY 11245
(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

Florida Transformer, Inc.
(Name of Insured)

(the "Insured"), of 4509 State Highway 83, DeFuniak Springs, FL 32433
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 168 203	Florida Transformer, Inc.	4509 St Hwy 83 DeFuniak Springs, FL

(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 legal defense costs. The coverage is provided under policy number SISIPCA08349416, issued on 10/15/2016.
(date)

The effective date of said policy is 10/15/2016 and the expiration date of said policy is 10/15/2017.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is 10/15/2017.
(date) (date)

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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)

Brian Cline

(Typed name)

Executive Vice President

(Title)

Authorized Representative of

Starr Indemnity & Liability Company

(Name of Insurer)

15305 N. Dallas Parkway, Suite 1100, Addison, TX 75001

(Address of Representative)



www.willistowerswatson.com

Willis of Texas, Inc.
15305 N. Dallas Parkway
Suite 1100
Addison, TX 75001
Phone: (972) 385-9800

November 16, 2016

Department of Environmental Protection
Waste Management Division – HWRS, MS4560
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

Subject: Florida Transformer Inc. – DeFuniak Springs – LR000168203

To Whom It May Concern:

Please find enclosed the completed and signed Certificate of Liability for Hazardous Waste Transporter and Used Oil Handler for the renewal policy period of 10/15/2016-10/15/2017.

If you should have any questions you can either contact me at 972-715-6343 or Shelley.Chesnutt@WillisTowersWatson.com.

Sincerely,

A handwritten signature in black ink that reads "Shelley R. Chesnutt". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Shelley R. Chesnutt
Client Services Specialist

Enclosure