

**REVIEWED**

By Ashwood\_J at 10:12 am, Nov 17, 2016

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 15 2016  
PERMITTING & COMPLIANCE  
ASSISTANCE PROGRAM

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

1. ACE American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106  
(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

Safety-Kleen Systems, Inc., also known as Clean Harbors Environmental Services Inc.  
(Name of Insured)

(the "Insured"), of 2600 N. Central Expressway, Suite 200 Richardson, TX 75080  
(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:

EPA/DEP I.D. No. Name Physical Address  
FLD984167791 Safety-Kleen Systems, Inc., 5610 Alpha Drive, Boynton Beach, FL 33426

FLD980847271 Safety-Kleen Systems, Inc., 5309 24th Avenue S, Tampa, FL 33619

FL0984171694 Safety-Kleen Systems, Inc., 8755 NW 95th St, Medley, FL 33178

(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 \$ \$5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ISAH09051107, issued on 11/01/2016.  
(date)


The effective date of said policy is 11/01/2016 and the expiration date of said policy is 11/01/2017.  
(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 11/01/2017.  
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
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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 eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

~~Nancy Hammett~~ Mary Ellen Glennon  
\_\_\_\_\_  
(Typed name)

**AVP Underwriting**  
\_\_\_\_\_  
(Title)

Authorized Representative of  
**ACE American Insurance Company**  
\_\_\_\_\_  
(Name of Insurer)

One Financial Center, 24th Floor, Boston, MA 02111  
\_\_\_\_\_  
(Address of Representative)



Clean Harbors Environmental Services, Inc.  
221 Sutton Street  
North Andover, MA 01845  
978.683.1002  
www.cleanharbors.com

**VIA FEDERAL EXPRESS (TRN 777708553898)**

November 14, 2016

Ms. Janet Ashwood  
Division of Waste Management  
Florida Department of Environmental Protection  
2600 Blair Stone Road MS 4548  
Tallahassee, FL 32399-2400

**RE: Hazardous Waste Transporter and Used Oil Handler Certificates of Liability Insurance**  
Safety-Kleen Systems, Inc.

Dear Ms. Ashwood:

Please find enclosed four (4) original signed Hazardous Waste Transporter and Used Oil Handler Certificates of Liability Insurance for the Safety-Kleen Systems, Inc. hazardous waste transporters and used oil handlers that operate in Florida. The Certificates have been issued by Indian Harbor Insurance Company under policy number PEC0042039 for Safety-Kleen Systems, Inc. The renewed policy number is PEC004203903 and the renewed policy period is November 1, 2016 – November 1, 2017.

If you have any questions regarding this submittal, please feel free to contact me at 978-687-5042 or at bellm@cleanharbors.com.

Sincerely,

A handwritten signature in blue ink that reads "Wallace M. Bell".

Wallace M. Bell  
Compliance Manager  
Clean Harbors, Inc.  
Safety-Kleen Systems, Inc., a Clean Harbors Company

Enclosures