Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

RECEIVED ENVIRONMENTAL PROTECTION

For assistance call: 850-245-8707

DEC 01 2016

PERMITTING & COMPLIANCE

## STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides. liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at: EPA/DEP I.D. No. Physical Address Name 1449 Nor-Bath Highway, Northampton, PA 18067 PAD146714878 Horwith Trucks, Inc. (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 the legal defense costs. 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 insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d): Bankruptey or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached. The Insurer is liable for the payment of amounts within any deductible applicable to the (b) policy, with a right of reimbursement by the insured for any such payment made by the Insurer. 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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

The Insurer shall not be liable for the payment of any judgment or judgments against the (e) 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.

Attached to and forming part	of policy No.	10845825	A issued by	
ACE American Insurance Company	herein called	the Incurer of		
[Name of Insurer]	, nerem cance	i the insurer, or		
436 Walnut St., Philade	elphia, P <i>l</i>	19106		to
	[Address of Ir	nsurer]		
Horwith Trucks, Inc.				of
	[Name of Ins	ured]		. 01
1449 Nor-Bath High	way, Nort	hampton,	PA 18067	
[Ph	ysical Address	of Insured]		
this 28th day of November (Day) (Month)	<sub>0</sub> 16 .			
(Day) (Month)	(Year)			
The effective date of said policy is $\frac{1}{(}$	2 day of (	)1	16	
(	Day)	(Month)	(Year)	
The expiration date of said policy is(	12 day of	.01	<sub>0</sub> 17	
(	Day)	(Month)	(Year)	
I hereby certify that the Insurer is lice provide insurance as an excess or surp	olus lines insure			

Roger Murphy

[Type Name]

## Senior Vice President

[Title]

Authorized Representative of

## **ACE American Insurance Company**

[Name of Insurer]

## 436 Walnut Street, Philadelphia, PA 19106

[Address of Representative]