Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

DEC 22 2016

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

Evanston Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of Ten Parkwa	y North, Deerfield, IL60015	
	(Address of Insurer)	-
	ssued liability insurance cov or sudden accidental occurre	ering bodily injury and property damage incl ences to
JJ Metal Services, Inc.		
	(Name of Insured)	
(the "Insured"), of 2300 W 80	Street, Bay 2, Hialeah, FL 33016	
	(Physical Address of Insured	1)
		te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
EL D000224402 LLN	Metal Services Inc. 23	00 W 80 St., Bay 2, Hialeah, FL 3
FLR000221192 33 N		
		·
	facilities, identify each facil	·
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for	facilities, identify each facil nd the company shall not be r each accident, exclusive o	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is primary a	facilities, identify each facil nd the company shall not be r each accident, exclusive o	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for	facilities, identify each facil nd the company shall not be r each accident, exclusive o	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for	facilities, identify each facil nd the company shall not be reach accident, exclusive or 34 , issued on 1	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for under policy number3EH484 The effective date of said p	facilities, identify each facil nd the company shall not be reach accident, exclusive or 34, issued on1 olicy is11/18/2016	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is primary a \$ 1,000,000 for under policy number 3EH48 The effective date of said p	facilities, identify each facil nd the company shall not be reach accident, exclusive or 34, issued on1 olicy is11/18/2016	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid (date)
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for under policy number 3EH48 The effective date of said pris 11/18/2017 (date)	facilities, identify each facil nd the company shall not be reach accident, exclusive or 34, issued on _1 olicy is(date)	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for under policy number 3EH484 The effective date of said pris 11/18/2017 (date) This insurance is excess an \$ 1,000,000	facilities, identify each facil nd the company shall not be reach accident, exclusive of issued on olicy is	liable for amounts in excess of Flegal defense costs. The coverage is provide (date) and the expiration date of said policy liable for amounts in excess of of the underlying limit of
(If coverage is for multiple This insurance is primary a \$ 1,000,000 for under policy number 3EH48: The effective date of said pris 11/18/2017 (date) This insurance is excess an \$ 1,000,000 \$ 1,000,000	facilities, identify each facil nd the company shall not be reach accident, exclusive of a, issued on olicy is	liable for amounts in excess 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 of legal defense costs. The coverage is provided to the coverage is pr
(If coverage is for multiple This insurance is <u>primary</u> a \$ 1,000,000 for under policy number 3EH484 The effective date of said pris 11/18/2017 (date) This insurance is excess an \$ 1,000,000	facilities, identify each facil nd the company shall not be reach accident, exclusive of a, issued on olicy is	ity insured.) liable for amounts in excess of legal defense costs. The coverage is provid (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided in the coverage in the coverage is provided in the coverage in the coverage is provided in the coverage in the coverage in the coverage is provided in the coverage in the co
(If coverage is for multiple This insurance is primary a \$ 1,000,000 for under policy number 3EH48: The effective date of said pris 11/18/2017 (date) This insurance is excess an \$ 1,000,000 \$ 1,000,000	facilities, identify each facil and the company shall not be be reach accident, exclusive of all issued on 1 colicy is 11/18/2016 (date) d the company shall not be I for each accident in excess for each accident, exclusive 4 , issued of	liable for amounts in excess 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 of legal defense costs. The coverage is provided to the coverage is pr

- 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)

Jose M. Garcia

(Typed name)

Agent - A093156

(Title)

Authorized Representative of

Evanston Insurance Company

(Name of Insurer)

6527 Coral Way, Miami, FL 33155

(Address of Representative)