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
APR 06 2017
PERMITTING & COMPLIANCE

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

1. GREAT DIVIDE INSURANCE COMPANY
(Name of Insurer)

(the "Insurer"), of 7233 E. BUTHERUS DRIVE, SCOTTSDALE, AZ 85260
(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

THOMAS GRAY & ASSOCIATES, INC.
(Name of Insured)

(the "Insured"), of 1205 W. BARKLEY AVE., ORANGE, CA 92868-1214
(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
CAD 066 151 648	Thomas Gray & Associates, Inc.	1205 W Barkley Ave. Orange, CA 82868

(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 BAP2016656-11, issued on 12/31/2016 (date).

The effective date of said policy is 12/31/2016 (date) and the expiration date of said policy is 12/31/2017 (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_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is 12/31/2017 (date).

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

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

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.

Cynthia Rabey

(Signature of Authorized Representative of Insurer)

Cynthia Rabey

(Typed name)

Senior Account Executive

(Title)

Authorized Representative of

GREAT DIVIDE INSURANCE COMPANY

(Name of Insurer)

1277 Treat Blvd., #300, Walnut Creek CA 94597

(Address of Representative)

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

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
APR 06 2017
PERMITTING & COMPLIANCE
ASSISTANCE BUREAU

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

1. NAUTILUS INSURANCE COMPANY
(Name of Insurer)

(the "Insurer"), of 7233 E. BUTHERUS DRIVE, SCOTTSDALE, AZ 85260
(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

THOMAS GRAY & ASSOCIATES, INC.
(Name of Insured)

(the "Insured"), of 1205 W. BARKLEY AVE., ORANGE, CA 92868-1214
(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
CAD 066 151 648	Thomas Gray & Associates, Inc.	1205 W Barkley Ave. Orange, CA 82868

(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 $_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____.
(date)

The effective date of said policy is _____ and the expiration date of said policy
(date)
is 12/31/2017.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of $ 9,000,000 for each accident in excess of the underlying limit of $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX2016658-11, issued on 12/31/2016. The effective date of
(date)
said policy is 12/31/2016 and the expiration date of said policy is 12/31/2017.
(date) (date)

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

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

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.

Cynthia Rabey

(Signature of Authorized Representative of Insurer)

Cynthia Rabey

(Typed name)

Senior Account Executive

(Title)

Authorized Representative of

NAUTILUS INSURANCE COMPANY

(Name of Insurer)

1277 Treat Blvd., #300, Walnut Creek CA 94597

(Address of Representative)

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