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

MAY **22** 2017

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

	ch Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of	330 Boston Post Rd, D	arien, CT 06820
	(Address of Insurer)	
hereby certifies that it lenvironmental restorate	has issued liability insurance ion for sudden accidental occ	covering bodily injury and property damage include urrences to
Broo	ks Environmental Solutio	ns, Inc.
	(Name of Insured)	
(the "Insured"), of	104 N Gulf Boulevard, (Physical Address of Ins	Suite E, Panama City Beach, FL 32407
in connection with the Administrative Code R	insured's obligation to demonule 62-710.600(2) and 62-73	nstrate financial responsibility under Florida 0.170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLR000218545 Brooks	Environmental Solutions, LLC.	104 N. Gulf Boulevard, Ste E Panama City Beach, FI
(If accounts in family)	into facilities identificant to	
(If coverage is for mult	iple facilities, identify each fa	acility insured.)
This insurance is prima	ry and the company shall not	be liable for amounts in excess of
This insurance is prima \$1,000,000	ry and the company shall not for each accident, exclusive	be liable for amounts in excess of e of legal defense costs. The coverage is provided
This insurance is prima \$1,000,000	ry and the company shall not	be liable for amounts in excess of e of legal defense costs. The coverage is provided
This insurance is prima \$1,000,000	ry and the company shall not for each accident, exclusive <u>FBCAT0362001</u> , issued on	be liable for amounts in excess of e of legal defense costs. The coverage is provided 05/19/2016 (date)
This insurance is <u>prima</u> \$1,000,000 under policy number _F The effective date of sa is 05/19/2018	ary and the company shall not for each accident, exclusive FBCAT0362001, issued on id policy is05/19/2017	be liable for amounts in excess of e of legal defense costs. The coverage is provided 05/19/2016 (date)
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This insurance is prima \$1,000,000 under policy number _F The effective date of sa is 05/19/2018 (date This insurance is excess \$	ary and the company shall not for each accident, exclusive BCAT0362001, issued on the company shall not be for each accident in exce for each accident, exclus, issue	be liable for amounts in excess of e of legal defense costs. The coverage is provided 05/19/2016 (date) and the expiration date of said policy the liable for amounts in excess of ss of the underlying limit of ive of legal defense costs. The coverage is provided.

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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.

Delle A Mer
(Signature of Authorized Representative of Insurer)
Renee Miller
(Typed name)
Sr. Vice President, Chief Underwriting Officer , FEI Insurance (Title)
Authorized Representative of
Arch Insurance Company
(Name of Insurer)
2000 S Colorado Blvd Tower II Suite 800, Denver, CO 80222
(Address of Representative)