1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

MAY 2 6 2017

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

Great Divide			
	(Name of Insurer)		
(the "Insurer"), of	7233 Butherus Drive, Scottsdale	e, AX 85260	
, , ,	(Address of Insurer)		
hereby certifies that i	t has issued liability insurance covering boo ation for sudden accidental occurrences to	dily injury and property damage including	
Frank's Vacuu	ım Truck Service, Inc.		
	(Name of Insured)		
(the "Insured"), of	1717 New Road, Niagara Falls	s, NY 14304	
. , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)		
in connection with the Administrative Code	e insured's obligation to demonstrate finance Rule 62-710.600(2) and 62-730.170. The	rial responsibility under Florida coverage applies at:	
EPA/DEP I.D. No.	Name	Physical Address	
		Inc. 4747 No. 12	
NYD982792814	Frank's Vacuum Truck Service,	Inc. 1717 New Road Niagara Falls, NY 14	
NYD982792814	Frank's Vacuum Truck Service,		
If coverage is for mu	Itiple facilities, identify each facility insured	Niagara Falls, NY 14.	
If coverage is for mu This insurance is prime 1,000,000	Itiple facilities, identify each facility insured harves and the company shall not be liable for for each accident, exclusive of legal def	Niagara Falls, NY 14:	
If coverage is for mu This insurance is prime 1,000,000	ltiple facilities, identify each facility insured harve and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017	Niagara Falls, NY 14:	
If coverage is for mu This insurance is prim S 1,000,000 under policy number	Itiple facilities, identify each facility insured hary and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 65/25/2017 (or said policy is 5/25/2017 and	d.) amounts in excess of tense costs. The coverage is provided	
If coverage is for mu This insurance is prim S 1,000,000 Inder policy number The effective date of s	ltiple facilities, identify each facility insured hary and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 6/25/2017	d.) amounts in excess of ense costs. The coverage is provided date)	
If coverage is for mu This insurance is prim 5 1,000,000 under policy number The effective date of s	Itiple facilities, identify each facility insured that and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017 (considered for the facilities of the	d.) amounts in excess of ense costs. The coverage is provided date)	
If coverage is for mu This insurance is prints 1,000,000 Inder policy number The effective date of s 5/25/2018 (dat This insurance is exce	ltiple facilities, identify each facility insured that and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017 (considered for a said policy is 5/25/2017 and (date)	d.) amounts in excess of ense costs. The coverage is provided date) the expiration date of said policy	
If coverage is for mu This insurance is prints 1,000,000 Inder policy number The effective date of s 5/25/2018 (dat This insurance is exce	ltiple facilities, identify each facility insured that and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017 (dote by the company shall not be liable for a for each accident in excess of the und	Niagara Falls, NY 14: d.) amounts in excess of fense costs. The coverage is provided date) I the expiration date of said policy amounts in excess of ferlying limit of	
If coverage is for mu This insurance is prints 1,000,000 Inder policy number The effective date of s 5/25/2018 (dat This insurance is exce	ltiple facilities, identify each facility insured that and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017 (dote) said policy is 5/25/2017 and (date) e) ss and the company shall not be liable for a for each accident in excess of the und for each accident, exclusive of legal dote, issued on	Niagara Falls, NY 14. d.) amounts in excess of fense costs. The coverage is provided date) the expiration date of said policy amounts in excess of ferlying limit of fense costs. The coverage is provided The effective date of	
If coverage is for mu This insurance is prim 5 1,000,000 Inder policy number The effective date of s 5/25/2018 (dat	ltiple facilities, identify each facility insured that and the company shall not be liable for for each accident, exclusive of legal def BAP200878114 , issued on 5/25/2017 (dote) said policy is 5/25/2017 and (date) e) ss and the company shall not be liable for a for each accident in excess of the und for each accident, exclusive of legal dote, issued on	Niagara Falls, NY 14. d.) amounts in excess of fense costs. The coverage is provided date) the expiration date of said policy amounts in excess of ferlying limit of fefense costs. The coverage is provided The effective date of felse.	

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

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.

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- (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)

John S. Light
(Typed name)

President
(Title)

Authorized Representative of

Great Divide Insurance Company
(Name of Insurer)

463 Mountain View Drive, Suite 206, Colchester VT 05446

(Address of Representative)

For assistance call: 850-245-8707 RECEIVED

MAY 2 6 2017

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides 1. 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. Name Physical Address NYD982792814 Frank's Vacuum Service, Inc. 1717 New Road Niagara Falls, NY 14304 (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 the legal defense costs. \$ 1,000,000 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): Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations (a) under the policy to which this endorsement is attached. 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 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.

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. BAP200878114 issued by	
Great Divide Insurance Company , herein called the Insurer, of	
[Name of Insurer]	
7233 East Butherus Drive, Scottsdale AZ 85260	to
[Address of Insurer]	
Frank's Vacuum Truck Service, Inc.	of
[Name of Insured]	O.
1717 New Road, Niagara Falls, NY 14304	
[Physical Address of Insured]	
this 22 day of May , 20 17 (Year)	
The effective date of said policy is 25 day of May (Month), 20 17 . (Year)	
The expiration date of said policy is 25 day of May, 20 18. (Day) (Month), (Year)	
hereby certify that the Insurer is licensed to transact the business of insurance, or eligorovide insurance as an excess or surplus lines insurer, in one or more states including [Signature of Authorized Representative of Insurer]	ible to Florida
John S. Light	
Type Name]	
President	
Title]	
Authorized Representative of	
Great Divide Insurance Company	
Name of Insurer]	
463 Mountain View Drive, Suite 206, Colchester VT 05446	
Address of Representative]	

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

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MAY 2 6 2017

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

Nautilus Insuran	ce Company	
	(Name of Insurer)	
(the "Insurer"), of 723	33 Butherus Drive, Scottsdale, AZ 8	35260
	(Address of Insurer)	
hereby certifies that it h environmental restoration	as issued liability insurance covering on for sudden accidental occurrences	bodily injury and property damage includit to
Frank's Vacuum Tr	uck Service, Inc.	
	(Name of Insured)	
(the "Insured"), of 17	17 New Road, Niagara Falls, NY 14	4304
((Physical Address of Insured)	
in connection with the in Administrative Code Ru	nsured's obligation to demonstrate fin the 62-710.600(2) and 62-730.170. T	ancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NYD982792814 Fran	k's Vacuum Truck Service, Inc	1717 New Road
		Niagara Falls, NY 14304
(If coverage is for multip	ole facilities, identify each facility ins	ured.)
\$	y and the company shall not be liable for each accident, exclusive of legal, issued on	defense costs. The coverage is provided
The effective date of said	d policy is(date)	and the expiration date of said policy
(date)		
(unit)		
This insurance is <u>excess</u> 5_5,000,000	and the company shall not be liable f for each accident in excess of the	
1,000,000	for each accident, exclusive of leg	gal defense costs. The coverage is provided 1/25/2017 . The effective date of
said policy is 5/25/20		(date)
(date)	and the expiration date	(date)

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

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)

John S. Light
(Typed name)

President
(Title)

Authorized Representative of

Nautilus Insurance Company

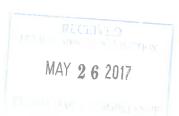
(Name of Insurer)

463 Mountain View Drive, Suite 206, Colchester VT 05446

(Address of Representative)

For assistance call: 850-245-8707





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. Name Physical Address NYD982792814 Frank's Vacuum Truck Service, Inc. 1717 New Road. Niagara Falls, NY 14304 (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 the legal defense costs. This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 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): Bankruptcy 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

- 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.
- 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.

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(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.

Attached to and forming part of policy No. FFX200878415 issued by				
Nautilus Insurance Company, herein called the Insurer, of [Name of Insurer]				
7233 East Butherus Drive, Scottsdale, AZ 85260	to			
[Address of Insurer]				
Frank's Vacuum Truck Service, Inc.				
[Name of Insured]	of			
1717 New Road, Niagara Falls, NY 14304				
[Physical Address of Insured]				
this <u>22</u> day of <u>May</u> , 20 <u>17</u> . (Day) (Month) (Year)				
The effective date of said policy is 25 day of May, 20 17. (Day) (Month), (Year)				
The expiration date of said policy is 25 day of May (Month), 20 18.				
I hereby certify that the Insurer is licensed to transact the business of insurance, or elig provide insurance as an excess or surplus lines insurer, in one or more states including [Signature of Authorized Representative of Insurer]	ible to Florida.			
John S. Light				
[Type Name]				
President				
[Title]				
Authorized Representative of				
Nautilus Insurance Company [Name of Insurer]				
463 Mountain View Drive, Suite 206, Colchester VT 05446 [Address of Representative]				