

From: josef@us-lubes.com
To: [Blandin, Norva](mailto:Blandin.Norva)
Subject: [FWD: ADJUSTED Surety Bond Renewal Approved!]
Date: Monday, July 17, 2017 11:31:09 AM
Attachments: [Inv_5714_from_DBL_Surety_LLC_7292.pdf](#)

----- Original Message -----

Subject: ADJUSTED Surety Bond Renewal Approved!
From: "Bart Leek" <bleek@dblsurety.com>
Date: Wed, March 22, 2017 10:51 am
To: <josef@us-lubes.com>

DBL Surety, LLC

Invoice *Due:04/23/2017*
5714

Amount Due: **\$1,898.00**

Jose:

Please disregard the previously sent invoice as it did not include the amount of the rider which was process last year.

Your Surety Bond renewal has been approved for \$1,898.00! An invoice is attached to this email which will need to be paid prior to issuance. We accept payment via ACH transfer, check and credit card.

Credit Card and ACH Transfers: Please click on the "View and Pay Invoice" button below.

Check: Please prepare a check for the full amount of the invoice and remit it to the address below.

Thanks for your continued business.

DBL Surety, LLC
3863162547
dblsuretybonds.com

[View & Pay Invoice](#)

STATE OF FLORIDA SOLID WASTE FACILITY PERFORMANCE BOND

The term "Required Action" as used in this document means closing, long-term care, or corrective action, or any combination of these, which is identified below.

Check Appropriate Box(es): Closing Long-Term Care Corrective Action

Date bond executed: 04/23/2015

Effective date: 04/23/2015

Principal is a limited liability company
Type of Legal Entity (e.g., corporation, limited liability company, partnership, sole proprietorship)

Principal: U.S. LUBRICANTS LLC
Legal Name of Owner or Operator
748 EAST 51 STREET, HIALEAH, FL 33014
Business Address of Owner or Operator

Surety(ies): LEXON INSURANCE COMPANY
Name as listed on Treasury Circular 570
10002 SHELBYVILLE RD., SUITE 100, LOUISVILLE, KY 40223
Business Address
TEXAS
State of Incorporation of Surety

List for each facility covered by this bond: FDEP identification number (WACS or EPA ID), facility name and site address.
Include facility amounts (the amount for each facility covered by this bond) only when more than one facility is covered by this bond.
Facility amount equals penal sum when not specified.

<u>FDEP I.D. No.</u>	<u>Facility Name and Site Address</u>	
FLR000213777	U.S. LUBRICANTS, LLC 7855 WEST 2ND COURT, BAY 2 HIALEAH, FL 33012	\$ 61,831.00

Total penal sum of bond: \$ 61,831.00

Surety's bond number: 1092649

Bond premium: \$ 1,854.93

STATE OF FLORIDA SOLID WASTE FACILITY PERFORMANCE BOND

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000213777	U.S. LUBRICANTS, LLC 7855 WEST 2ND COURT, BAY 2 HIALEAH, FL 33012	\$ 61,831.00

Total penal sum of bond: \$ 61,831.00

Surety's bond number: 1092649

Bond premium: \$ 1,854.93

Know All Persons By These Presents, That we, the Principal and Surety(ies) hereto are firmly bound to the Florida Department of Environmental Protection (hereinafter called FDEP), in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally; provided that, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of such Surety, but if no limit of liability is indicated, the limit of liability shall be the full amount of the penal sum.

WHEREAS, said Principal is required, under the Florida Solid Waste Management Act as amended, to have a permit in order to construct, operate or close each solid waste management facility identified above, and

WHEREAS, said Principal is required to provide financial assurance for the "Required Action," as a condition of the permit(s), and

WHEREAS, said principal shall establish a standby trust fund as is required when a surety bond is used to provide such financial assurance;

NOW, THEREFORE, the conditions of the obligation are such that if the Principal shall faithfully perform Required Action(s), whenever required to do so, of each facility for which this bond guarantees Required Action(s), in accordance with the Required Action plan(s) and other requirements of the permit, as such plan(s) and permit(s) may be amended, pursuant to all applicable laws, statutes, rules, and regulations, as such laws, statutes, rules, and regulations may be amended,

Or, if the Principal shall provide alternate financial assurance and obtain the FDEP Secretary's, or the Secretary's designee's (the "designee"), written approval of such assurance, within 90 days after the date notice of cancellation is received by both the Principal and the FDEP Secretary, or designee, from the Surety(ies), then this obligation shall be null and void, otherwise it is to remain in full force and effect.

The Surety(ies) shall become liable on this bond obligation only when the Principal has failed to fulfill the conditions described above.

Upon notification by the FDEP Secretary, or designee, that the Principal has been found in violation of the Required Action requirements for a facility for which this bond guarantees performance, the Surety(ies) shall either perform Required Action(s) in accordance with the Required Action plan(s) and other permit requirements or place the amount guaranteed for the facility into the standby trust fund as directed by the FDEP Secretary, or designee.

Upon notification by the FDEP Secretary, or designee, that the Principal has failed to provide alternate financial assurance and obtain written approval of such assurance from the FDEP Secretary, or designee, during the 90 days following receipt by both the Principal and the FDEP Secretary, or designee, of a notice of cancellation of the bond, the Surety(ies) shall place funds in the amount guaranteed for the facility(ies) into the standby trust fund as directed by the FDEP Secretary, or designee.

The Surety(ies) hereby waive(s) notification of amendments to Required Action plans, permits, applicable laws, statutes, rules, and regulations and agree(s) that no such amendment shall in any way alleviate its (their) obligation on this bond.

The liability of the Surety(ies) shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of the bond, but in no event shall the obligation of the Surety(ies) hereunder exceed the amount of said penal sum.

The Surety(ies) may cancel the bond by sending notice of cancellation by certified mail to the Principal and to the FDEP Secretary, or designee; provided, however, that cancellation shall not occur during the 120 days beginning on the date of receipt of the notice of cancellation by both the Principal and the FDEP Secretary, or designee, as evidenced by the return receipts.

The Principal may terminate this bond by sending written notice to the Surety(ies); provided, however, that no such notice shall become effective until the Surety(ies) receive(s) written authorization for termination of the bond by the FDEP Secretary, or designee.

Principal and Surety(ies) hereby agree to adjust the penal sum of the bond yearly so that it guarantees new facility amount(s), provided that the penal sum does not increase by more than 20 percent in any one year, and no decrease in the penal sum takes place without the written permission of the FDEP Secretary, or designee.

IN WITNESS WHEREOF, the Principal and Surety(ies) have executed this Performance Bond and have affixed their seals on the date set forth above.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety(ies), and that the wording of this surety bond is identical to the wording as adopted and incorporated by reference in Rule 62-701.630(6)(a), F.A.C.

PRINCIPAL

Signature of Authorized Representative of Principal

Type Name and Title

Telephone Number

E-mail Address

Signature of Witness or Notary

Date of Witness or Notary

Printed Name of Witness or Notary Seal

CORPORATE SURETY(IES)

Provide the following for each surety (co-surety). Attach pages as needed.

LEXON INSURANCE COMPANY NA

Surety Company Liability Limit (for
co-sureties only)



Signature of Authorized Representative of Surety (Attach Power of Attorney) (SEAL)

DOUGLAS B. LEEK - ATTORNEY-IN-FACT

Type Name and Title

1500 BEVILLE RD SUITE 606 #311
DAYTONA BEACH, FL 32114

Address of Authorized Representative

3863162547

Telephone Number

INFO@DBLSURETY.COM

E-mail Address

POWER OF ATTORNEY

LX - 127254

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Douglas B. Leek

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Two-million five hundred thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 21st day of September, 2009.



LEXON INSURANCE COMPANY

BY [Signature] David E. Campbell President

ACKNOWLEDGEMENT

On this 21st day of September, 2009, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

OFFICIAL SEAL MAUREEN K. AYE Notary Public, State of Illinois My Commission Expires 09/21/13

[Signature] Maureen K. Aye Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Woodridge, Illinois this 23rd Day of April, 2015.



[Signature] Philip G. Lauer Assistant Secretary

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SURETY BOND RIDER

Facility name: US LUBRICANTS LLC FDEP I.D. Number: FLR000213777
To be attached to and form part of performance bond number 1092649, originally effective on
04/23/2015, for US LUBRICANTS LLC, as Principal,
and LEXON INSURANCE COMPANY, as Surety(ies),
in favor of the Florida Department of Environmental Protection (FDEP), as Obligee. It is understood and agreed that the
bond is amended as follows:

(Check appropriate boxes below and complete.)

Increase Penal Sum from \$ 61,831.00 to \$ 63,261.00. Required Action amounts
"Increase" or "Decrease"*
are merged and related requirements of Rule 62-701.630(6), F.A.C., as amended, shall apply.

Change facility amounts* - _____ : \$ _____
(use this section only when bond covers multiple facilities) Facility name New facility amount
_____ : \$ _____
Facility name (use "Other" section for additional facilities) New facility amount

* - Reductions of Penal Sum or Facility Amounts, in accordance with the terms of the bond and FDEP regulations, require prior written permission from the FDEP Tallahassee office. Authorization will be addressed to Surety or Surety's representative and will specify bond to be changed.

Change _____ name from _____
"principal" or "facility"
to _____

Change Co-surety Liability Limits to \$ _____ for _____
Surety Company
and \$ _____ for _____
Surety Company (use "Other" section for additional Sureties)

Other: _____

Said Bond shall be subject to all its terms, conditions and limitations, except as herein expressly amended. This rider shall become effective on 10/24/2016. This rider is executed on 10/24/2016. IN WITNESS WHEREOF,
LEXON INSURANCE COMPANY

Surety Company(ies)

has caused its corporate seal to be hereunto affixed.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond rider on behalf of the Principal and Surety(ies).

Signature of Authorized Representative of Principal

JOSE FERNANDEZ, MANAGING MEMBER

Type Name and Title

Signature of Authorized Representative of Surety
Affix Surety Seal and Attach Power of Attorney

DOUGLAS B. LEEK, ATTORNEY-IN-FACT

Type Name

1500 BEVILLE RD SUITE 606 #311, DAYTONA BEACH, FL 32114

Address of Authorized Representative

3863162547

Telephone Number

INFO@DBLSURETY.COM

E-mail Address

POWER OF ATTORNEY

LX- 262549

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Douglas B. Leek its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Two Million Five Hundred Thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.



LEXON INSURANCE COMPANY

BY [Signature] David E. Campbell President

ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR Notary Public- State of Tennessee Davidson County Mv Commission Expires 07-08-19

BY [Signature] Amy Taylor Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 24th Day of October, 2016.



BY [Signature] Andrew Smith Assistant Secretary

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.