By ashwood_j at 3:13 pm, Aug 02, 2017

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

RECEIVED ENVIRONMENT OF CHOICE

AUG 02 2017

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

	(Name of Insurer)	
Zat i Barra i i i i i i i i i i i i i i i i i i	4400 A	
(the "Insurer"), of	1400 American Lane Schaumb (Address of Insurer)	ourg, IL 60196-1056
hereby certifies that it environmental restora	t has issued liability insurance countion for sudden accidental occurre	vering bodily injury and property damage including ences to
Environmental P	roducts & Services of Vermont	t, Inc.
	(Name of Insured)	
(the "Insured"), of5	532 State Fair Blvd Syracuse,	
	(Physical Address of Insured	d)
in connection with the Administrative Code I	e insured's obligation to demonstra Rule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NYR000115733 Envir	conmental Products & Services of	Vermont, Inc. 532 State Fair Blvd Syracuse, NY 13
(If coverage is for mu	ltiple facilities, identify each facil	ity insured.)
This insurance is <u>prim</u> \$_1,000,000	ary and the company shall not be for each accident, exclusive of	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>prim</u> \$_1,000,000	ary and the company shall not be	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017
This insurance is <u>prim</u> § 1,000,000 under policy number J	ary and the company shall not be for each accident, exclusive of BAP019609401 , issued on 6	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017 (date)
This insurance is <u>prim</u> \$_1,000,000	ary and the company shall not be for each accident, exclusive of BAP019609401 , issued on 6	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017
This insurance is <u>prim</u> \$\(\frac{1}{,000,000}\) under policy number \(\frac{1}{3}\) The effective date of s \$\(\frac{6}{1/2018}\)	ary and the company shall not be for each accident, exclusive of BAP019609401, issued on 6 and policy is 6/1/2017 (date)	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017 (date)
This insurance is <u>prim</u> \$ 1,000,000 ander policy number] The effective date of s	ary and the company shall not be for each accident, exclusive of BAP019609401, issued on 6 and policy is 6/1/2017 (date)	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017 (date)
This insurance is prim \$\frac{1}{,000,000}\$ under policy number \$\frac{1}{2}\$ The effective date of \$\frac{1}{2}\$ (date of the insurance is excess the content of the co	ary and the company shall not be for each accident, exclusive of BAP019609401, issued on 6 said policy is 6/1/2017 (date) e) ss and the company shall not be li	liable for amounts in excess of flegal defense costs. The coverage is provided 6/1/2017 (date) and the expiration date of said policy able for amounts in excess of
This insurance is prim \$\frac{1}{,000,000}\$ under policy number \$\frac{1}{2}\$ The effective date of \$\frac{6}{1/2018}\$ (date This insurance is excest \$\frac{1}{2}\$ 10,000,000	ary and the company shall not be for each accident, exclusive of BAP019609401, issued on 6 aid policy is 6/1/2017 (date) ss and the company shall not be lifer each accident in excess of	liable for amounts in excess of flegal defense costs. The coverage is provided 6/1/2017 (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of
This insurance is prim \$ 1,000,000 under policy number] The effective date of s is 6/1/2018 (date	ary and the company shall not be for each accident, exclusive of BAP019609401, issued on 6 aid policy is 6/1/2017 (date) ss and the company shall not be lifer each accident in excess of for each accident, exclusive	liable for amounts in excess of flegal defense costs. The coverage is provided 6/1/2017 (date) and the expiration date of said policy defense costs of fifthe underlying limit of of legal defense costs. The coverage is provided 1 6/1/2017 The effective date of
This insurance is prime 1,000,000 ander policy number 1 The effective date of s 6/1/2018 (date of s) This insurance is excess 10,000,000	ary and the company shall not be for each accident, exclusive of BAP019609401 , issued on 6 and policy is 6/1/2017 (date) ss and the company shall not be lifted for each accident in excess of for each accident, exclusive excl	liable for amounts in excess of legal defense costs. The coverage is provided 6/1/2017 (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

Tallahassee, Florida 32399-2400

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptey 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.

Mayol	7/7/2017
(Signature of Authorized Representative of Insurer)	
John Forgash	
(Typed name)	
Underwriter (Title)	
(x x x x x x x x x x x x x x x x x x x	
Authorized Representative of	
Zurich American Insurance Company	
(Name of Insurer)	
1400 American Lane Schaumburg, IL 60196-1056	
(Address of Representative)	