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

For assistance call: 850-245-8707

AUG 01 2017

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

XL Specialty Insurance Compa	iny	
	(Name of Insurer)	
(the "Insurer"), of 505 E	agleview Blvd., Exton, PA 19341	
	(Address of Insurer)	
hereby certifies that it is environmental restoration	has issued liability insurance covi ion for sudden accidental occurre	ering bodily injury and property damage includences to
EQ Industrial Services, Inc.		
	(Name of Insured)	
(the "Insured"), of	0 College Parkway, Suite 300, Livonia, MI 48	152
	(Physical Address of Insured	
in connection with the Administrative Code R	insured's obligation to demonstra ule 62-710.600(2) and 62-730.17	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
MIK435642742	EQ Industrial Services, Inc.	17440 College Parkway, Suite 300
		Livonia, MI 48152
		Livonia, MI 48152
(If coverage is for multi	iple facilities, identify each facilit	
	ry and the company shall not be l for each accident, exclusive of	ty insured.)  iable for amounts in excess of f legal defense costs. The coverage is provided
This insurance is <u>prima</u> \$1,000,000	ry and the company shall not be lfor each accident, exclusive or	ty insured.)  iable for amounts in excess of f legal defense costs. The coverage is provided
This insurance is <u>primar</u> \$1,000,000_ under policy number AB  The effective date of sai	ry and the company shall not be l for each accident, exclusive of CC004634202, issued on	iy insured.)  iable for amounts in excess of  f legal defense costs. The coverage is provided
This insurance is primars \$1,000,000under policy number AE  The effective date of saids 08/01/2018.	ry and the company shall not be lefor each accident, exclusive of coodes4202, issued on os/o	iable for amounts in excess of f legal defense costs. The coverage is provided (date)
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Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707

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- 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.

Lough & Cotamuse
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Underwriting Manager
(Title)
Authorized Representative of
W. O I
XL Specialty Insurance Company
(Name of Insurer)
505 Eagleview Blvd., Exton PA, 19341
(Address of Representative)

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