By ashwood\_j at 3:40 pm, Aug 08, 2017

REVIEWED

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

AUG 08 2017

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

Rockhill Insurance Company

(Name of Insurer)

(the "Insurer"), of 700 W. 47th Street, Suite 350, Kansas City, Missouri 64112

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Tank Wizards,	Inc.			
	(Name of In	sured)		
			32904	
(the "Insured"), of	7619 Colai Drive West Melbourne, FL 32907			
	(Physical A	ddress of Insured	1)	
in connection with the Administrative Code	he insured's obligat e Rule 62-710.600(	ion to demonstra 2) and 62-730.17	te financial responsib 70. The coverage app	ility under Florida lies at:
EPA/DEP I.D. No.	Na	me	Phys	ical Address
FLR000210542	Tank Wizards	, Inc. 7619 (	Coral Drive Wes	t Melbourne, FL 32904
				).
(If coverage is for m	ultiple facilities id	antifu agah fasili	+	
(It coverage is for in	lumple facilities, fa	entity each facili	ty insured.)	
This insurance is pri	mary and the comp	any shall not be	liable for amounts in	excess of
\$ 2,000,000.00	for each accid	ent, exclusive of	legal defense costs. '	The coverage is provided
under policy number	ENVP010146-03	, issued on	07/02/17	
			(date)	
The effective date of	fsaid policy is	07/02/17	and the expiration	on date of said policy
The effective date of	sala policy is	(date)		on date of sald policy
is 07/02/18		(date)		
	ate)			
This insurance is exc	cess and the compar	ny shall not be lia	able for amounts in ex	ccess of
			f the underlying limit	
\$	for each acc	ident, exclusive		. The coverage is provided
under policy number		, issued on		. The effective date of
			(date)	
said policy is		nd the expiration	n date of said policy is	
(date)				(date)

Page 1 of 2 DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13 Mail original completed form to:

5.00

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 FDFP 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)

# Diana Fink

(Typed name)

## President

(Title)

Authorized Representative of

## **Rockhill Insurance Company**

(Name of Insurer)

### 13246 38th Street North, Clearwater, FL 33762

(Address of Representative)