

SEP 18 2017

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

1. Bay Insurance Risk Retention Group, Inc.  
(Name of Insurer)

(the "Insurer"), of 146 Fairchild St. Suite 135 Charleston, SC 29492  
(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

QUALITY CARRIERS, INC. dba QUALITY CARRIERS  
(Name of Insured)

(the "Insured"), of 4041 PARK OAKS BLVD., SUITE 200, TAMPA, FL 33610  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 057 414	QUALITY CARRIERS, INC.	4041 PARK OAKS BLVD.
	dba QUALITY CARRIERS	SUITE 200
		TAMPA, FL 33610

(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BI-MCL-100 2017, issued on September 15, 2017.  
(date)

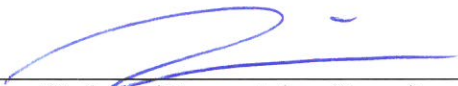
The effective date of said policy is September 15, 2017 and the expiration date of said policy is September 15, 2018.  
(date)

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 coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_.  
(date)  
The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is September 15, 2018.  
(date)

Mail original completed form to: 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 T. Wilson  
\_\_\_\_\_  
(Typed name)

Senior VP  
\_\_\_\_\_  
(Title)

Authorized Representative of  
**Bay Insurance Risk Retention Group, Inc.**  
\_\_\_\_\_  
(Name of Insurer)

4041 Park Oaks Boulevard, Suite 200  
\_\_\_\_\_  
(Address of Representative)  
Tampa, FL 33610

SEP 18 2017

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

1. Old Republic Insurance Company  
(Name of Insurer)

(the "Insurer"), of 445 S Moorland Rd, Ste 300, Brookfield WI 53005  
(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

QUALITY CARRIERS, INC. dba QUALITY CARRIERS  
(Name of Insured)

(the "Insured"), of 4041 PARK OAKS BLVD., SUITE 200, TAMPA, FL 33610  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 057 414	Quality Carriers, Inc.	4041 Park Oaks Blvd., Ste 200
	dba Quality Carriers	Tampa, FL 33610

(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 legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date).

The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is 09/17/18 (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MWZX 310927, issued on 09/06/17 (date). The effective date of said policy is 09/15/17 (date) and the expiration date of said policy is 09/17/18 (date).



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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)

**Jane Ingles**

(Typed name)

**Account Manager**

(Title)

Authorized Representative of

**Old Republic Insurance Company**

(Name of Insurer)

**445 S Moorland Rd, Ste 300, Brookfield WI 53005**

(Address of Representative)