For assistance call: 850-245-8707

OCT 23 2017

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

National Interstate I	nsurance Company	
	(Name of Insurer)	
(the "Insurer"), of 32	250 Interstate Drive, Richfield, OH 442	36
-	(Address of Insurer)	
hereby certifies that it environmental restorat	has issued liability insurance covering bootion for sudden accidental occurrences to	lily injury and property damage includ
TNI (USA), INC. DE	BA AATCO	
	(Name of Insured)	
(the "Insured"), of 30	O2 Thunder Road, Duenweg, MO 6484 (Physical Address of Insured)	11
in connection with the Administrative Code F	insured's obligation to demonstrate finance Rule 62-710.600(2) and 62-730.170. The	ial responsibility under Florida coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
MOR0000501981	TNI (USA), INC. DBA AATCO	302 Thunder Road
(If coverage is for mul	tiple facilities, identify each facility insured	d.)
\$ 1,000,000	ary and the company shall not be liable for for each accident, exclusive of legal def	amounts in excess of ense costs. The coverage is provided
under policy hamber -		late)
The effective date of sa	aid policy is 11/01/2017 and (date)	the expiration date of said policy
is_11/01/2018	×	
(date	*)	
\$ \$	and the company shall not be liable for a for each accident in excess of the und for each accident, exclusive of legal of	erlying limit of
under policy number	, issued on	ate) . The effective date (
said policy is	and the expiration date of	,
(date)		(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.

Mea Solmardo
(Signature of Authorized Representative of Insurer)
ERICA EDMUNDS
(Typed name)
REGULATORY FILINGS SPECIALIST
(Title)
Authorized Representative of
National Interstate Insurance Company
(Name of Insurer)
3250 Interstate Drive, Richfield, OH 44286
(Address of Representative)