ivian original completed form to:

By Janet Ashwood at 1:51 pm, Nov 06, 2017

REVIEWED

1.

Department of Environmental Protection 2600 Plair Stone Road, Mail Station 4560

Tallahassed, Florida 32399-2400

RECEIVED ENVIRONMENTAL PROTECTION

For assistance call: 850-245-8707

NOV 03 2017

PERMITTING & COMPLIANCE

ASSISTANCE PROGRAM

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

	(Name of Insurer)	
(the "Insurer"), of	399 Park Ave 8th floor New York,	NY 10022
	(Address of Insurer)	
hereby certifies that in environmental restora	t has issued liability insurance covering boation for sudden accidental occurrences to	dily injury and property damage includin
Atlan	tic Marine Cleaning LLC	
	(Name of Insured)	
(the "Insured"), of	709 Talleyrand Ave. #3 Jacksonville	e, FL 32202
	(Physical Address of Insured)	
in connection with the Administrative Code	e 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
FLD032383945	Atlantic Marine Cleaning LLC	709 Talleyrand Ave #3
If coverage is for mul	tiple facilities, identify each facility insure	d.)
This insurance is primate 1,000,000	ary and the company shall not be liable for for each accident, exclusive of legal def 1000199059171, issued on 8/6/201	amounts in excess of ense costs. The coverage is provided
This insurance is <u>prime</u> 1,000,000 Inder policy number	ary and the company shall not be liable for for each accident, exclusive of legal def 1000199059171, issued on 8/6/201	amounts in excess of ense costs. The coverage is provided 7 ate)
This insurance is prime 1,000,000 nder policy number _	ary and the company shall not be liable for for each accident, exclusive of legal def 1000199059171, issued on 8/6/201	amounts in excess of ense costs. The coverage is provided 7
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This insurance is prime 1,000,000 ander policy number The effective date of second content of the content	ary and the company shall not be liable for for each accident, exclusive of legal def 1000199059171, issued on 8/6/201 (date) 8/6/2017 and (date)	amounts in excess of tense costs. The coverage is provided 7 ate) the expiration date of said policy mounts in excess of
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Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.

- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) with a right of reimbursement by the insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental (c) Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of (d) 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.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured (e) 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)
Rod King
(Typed name)
National Practice Leader
(Title)
Authorized Representative of
Starr Indemnity & Liability Company
(Name of Insurer)
399 Park Ave, 8th Floor, New York, NY 10022

(Address of Representative)

ivian original completed form to:

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

For assistance call: 850-245-8707

RECEIVED ENVIRONMENTAL PROTECTION

NOV 03 2017

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

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

Starr Surplu	s Lines Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of	399 Park Ave 8th floor New Y	ork, NY 10022
	(Address of Insurer)	
hereby certifies that environmental restor	it has issued liability insurance coverination for sudden accidental occurrence	ng bodily injury and property damage includi
Atlantic	Marine Cleaning LLC	
	(Name of Insured)	
(the "Insured"), of	709 Talleyrand Ave #3 Jackso	nville, FL 32202
	(Physical Address of Insured)	,
in connection with the Administrative Code	e insured's obligation to demonstrate f Rule 62-710.600(2) and 62-730.170.	inancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD032383945	Atlantic Marine Cleaning LLC	709 Talleyrand Ave #3
(If coverage is for mul	tiple facilities, identify each facility in	nsured)
	ary and the company shall not be liabl	
The affection data of		(date)
The effective date of sa	(date)	and the expiration date of said policy
(date)	
1,000,000	, issued on o	underlying limit of gal defense costs. The coverage is provided /6/2017 . The effective date of (date) e of said policy is8/6/2018
(date)		(date)

- The Insurer further certifies the following with respect to the insurance described in Paragraph 1: 2.
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) 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
 - (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

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)
Rodney King
(Typed name)
National Practice Leader
Haddraf Fractice Leader
(Title)
Authorized Representative of
Starr Surplus Lines Insurance Company
(Name of Insurer)
399 Park Ave, 8th Floor New York, NY 10022
(Address of Representative)