

REVIEWED

By Janet Ashwood at 3:54 pm, Dec 20, 2017

Mail 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

DEC 14 2017

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

1.

Progressive Express Insurance Company
(Name of Insurer)

(the "Insurer"), of PO Box 89490 Cleveland, Oh. 44101-6490
(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

Chem Klean Corporation
(Name of Insured)

(the "Insured"), of 2356 West 80th St #1 Hialeah FL 33016
(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:

EPA/DEP I.D. No.

Name

Physical Address

FLR 000220904 Chem Klean Corporation 2356 West 80th St #1
Hialeah FL 33016

(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
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number 02592909, issued on 7-30-17.
(date)

The effective date of said policy is 7-30-17 and the expiration date of said policy
is 7-30-18.
(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 _____. The effective date of
said policy is _____ and the expiration date of said policy is _____.
(date) (date)

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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.


(Signature of Authorized Representative of Insurer)

Nancy Maten
(Typed name)

Agent, CLU
(Title)

Authorized Representative of

Progressive Express Insurance Company
(Name of Insurer)

2711 SW 137 Ave #95 Miami FL 33175
(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/08/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gorin Insurance Inc. 2711 SW 137th Ave Ste #95 Miami, FL 33175 Phone (305) 559-9348 Fax (305) 225-5190	CONTACT NAME: Lucy Mateu PHONE (A/C, No, Ext): (305) 559-9348- FAX (A/C, No): (305) 225-5190 E-MAIL ADDRESS: Lmateu@gorininsurance.com PRODUCER CUSTOMER ID #:														
INSURED Chem Klean Corporation 2022 SW 148 Ave Miramar, FL 33027	INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Westchester Surplus Lines Ins. Co.</td><td>10172</td></tr><tr><td>INSURER B: Progressive Express Insurance Co.</td><td>10193</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: Westchester Surplus Lines Ins. Co.	10172	INSURER B: Progressive Express Insurance Co.	10193	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractor's Pollution (CPL) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	N	G27445214-004	04/21/2017	04/21/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000.00</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000.00</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 1,000,000.00</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000.00</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 1,000,000.00</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 1,000,000.00</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000.00	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00	MED EXP (Any one person)	\$ 1,000,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 1,000,000.00	PRODUCTS - COM/OP AGG	\$ 1,000,000.00		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1"><tr><td><input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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A	Transportation Pollution Coverage	Y	N	G27445214-004	04/21/2017	04/21/2018	\$1,000,000.00 Per Occ & Aggregate														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Transportation Hazard & Non-Hazard Solvents

CERTIFICATE HOLDER**CANCELLATION**

Florida Dept of Environmental Protection FDEP
Dep Waste Management Division-HWRS,MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DEC 14 2017

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

1. Westchester Surplus Lines Insurance Company
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street Philadelphia PA. 19106
(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

Chem Klean Corporation
(Name of Insured)

(the "Insured"), of 2356 West 80th St #1 Hialeah FL 33016
(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:

EPA/DEP I.D. No.	Name	Physical Address
<u>FLR000220954</u>	<u>Chem Klean Corporation</u>	<u>2356 West 80th St #1 Hialeah FL 33016</u>

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 627445214-004, issued on 4-21-17.
(date)


The effective date of said policy is 4-21-17 and the expiration date of said policy is 4-21-18.
(date) (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 _____ (date) (date)

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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.


(Signature of Authorized Representative of Insurer)

Lucy Maten
(Typed name)

Agent, CLU
(Title)

Authorized Representative of

Westchester Surplus Lines Insurance Company
(Name of Insurer)

2711 SW 137 Ave Ste #95 Miami, FL 33125
(Address of Representative)



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AUTHORIZED REPRESENTATIVE