REVIEWED

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

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

DEC 1 4 2017

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

	(Name of Insurer)
	(Name of Insurer) PO Boy 89490 Clevelans, Oh. 44101- (Address of Insurer)
(the "Insurer"), of_	10 Boy 84440 Cleveland, Un. 44101-
	(Address of Insurer)
hereby certifies that	t it has issued liability insurance covering bodily injury and property damage including
environmental resto	oration for sudden accidental occurrences to
	Chem Klean Cerporation
	(Name of Insured) 356 West FO = St # 1 Healesh Fl 33016 (Physical Address of Insured)
	38 - 11 1 5 - 4 0 # 1 H 0 1 Pl 1
(the "Insured"), of _	0086 West ros st 1 Milleach Fl 33010
	(Physical Address of Insured)
in connection with	the insured's obligation to demonstrate financial responsibility under Florida
	e Rule 62-710.600(2) and 62-730.170. The coverage applies at:
EDA/DEDID XI-	Nome Plant 1 and
EPA/DEP I.D. No.	Name Physical Address
FLR 000 23	20904 Chem Klown Corporation 3356 West 80
	C) i a
(If coverage is for n	nultiple facilities, identify each facility insured.)
This insurance is <u>pr</u>	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided
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This insurance is <u>pr</u>	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided or 2007, issued on 7-30-17 (date)
This insurance is <u>pr</u> Liver policy number	f said policy is and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided (date)
This insurance is <u>pr</u> Liver policy number	f said policy is and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided (date)
This insurance is <u>property</u> index policy number policy number policy number the effective date of	f said policy is and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided (date)
This insurance is produced in the effective date of the effective	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided or 2007, issued on 7-30-17 (date) f said policy is 7-30-17 and the expiration date of said policy (date)
This insurance is produced by the effective date of the control of	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided or 193907, issued on 7-30-17 (date) f said policy is 7-30-17 and the expiration date of said policy (date) cess and the company shall not be liable for amounts in excess of
This insurance is project in the effective date of the effective date of this insurance is expected.	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided or 1990, issued on 7-30-17 (date) f said policy is 7-30-17 and the expiration date of said policy (date) Company Co
This insurance is produced by the effective date of the effective	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided (date) f said policy is 7-30-17 and the expiration date of said policy (date) cess 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 issued on
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This insurance is project in the effective date of the effective date of this insurance is expected as the expected of the effective date of the effective	imary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided or 2007, issued on 7-30-17 (date) f said policy is 7-30-17 and the expiration date of said policy (date) cess 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 or 18 (date) and the expiration date of said policy is and the expiration date of said policy is

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.

1)

(Signature of Authorized Representative of Insurer)
(Typed name)
(Title) Asent, CLU
Authorized Representative of
Progressiae Expuss Lusurance Company (Name of Insurer)
(Address of Representative) Aue # 95 Miani Fl 33175



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) CONTACT NAME: PHONE PRODUCER Lucy Mateu Gorin Insurance Inc. FAX (305) 559-9348-(305) 225-5190 (A/C, No, Ext): E-MAIL 2711 SW 137th Ave Ste #95 Lmateu@gorininsurance.com ADDRESS: PRODUCER Miami, FL 33175 CUSTOMER ID # Phone (305) 559-9348 Fax (305) 225-5190 INSURER(S) AFFORDING COVERAGE NAIC # INSURED Westchester Surplus Lines Ins. Co. 10172 INSURER A: Chem Klean Corporation Progressive Express Insurance Co. 10193 INSURER B: 2022 SW 148 Ave INSURER C INSURER D. Miramar, Fl. 33027 INSURER E INSURER F: 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 PÉRIOD 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 1,000,000.00 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY 1,000,000.00 \$ CLAIMS-MADE OCCUR 1,000,000.00 MED EXP (Any one person) \$ G27445214-004 Α 04/21/2017 04/21/2018 V Contractor's Pollution (CPL) PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE S 1,000,000.00 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG 1,000,000.00 \$ POLICY PRO-LOC \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1.000.000.00 S (Ea accident) ANY AUTO S BODILY INJURY (Per person) ALL OWNED AUTOS 02592909 BODILY INJURY (Per accident) \$ N 07/30/2017 07/30/2018 V SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE s DEDUCTIBLE S RETENTION \$ OTH-ER WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ G27445214-004 04/21/2017 04/21/2018 Transportation Pollution Coverage Υ Ν \$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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Florida Dept of Environmental Protection FDEP ACCORDANCE WITH THE POLICY PROVISIONS. Dep Waste Management Division-HWRS, MS4560 2600 Blair Stone Road **AUTHORIZED REPRESENTATIVE** Tallahassee, Fl. 32399-2400

1.

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

For assistance call: 850-245-8707

DEC 1 4 2017

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

Westches	(Name of Insurer)	ins Jus	vrauce Compan	4
(the "Insurer"), of	(Address of Insurer)	Street Ph	rance Compan	1910
hereby certifies that		ance covering bodily	y injury and property damage	
	(Name of Insured)			
(the "Insured"), of _	(Physical Address of	0 4 St 4 1 f Insured)	L Hialoah El	330
in connection with th		emonstrate financial	l responsibility under Florida	
EPA/DEP I.D. No.	Name		Physical Address	
EL ROSSING	SI Chem Klass	Counti	n 2356 West Re	CL S
(If coverage is for m	ultiple facilities, identify ea	ach facility insured.)	
	for each accident, excluded issued		nse costs. The coverage is pro	ovided
The effective date of	said policy is $4-31$	and that	he expiration date of said poli	cy
is <u>4-21-</u>	(d.	•		
(da	ne)			
	ess and the company shall			
\$ \$	for each accident in			
under policy number	ioi each accident, e	volucivo of local de-		mman:::4-
			fense costs. The coverage is The effective	
			. The effective	
said policy is		issued on(dat	. The effective te)	

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)	
Locy Mateu	
(Typed name)	
Agent, CLU	
(Title)	
Authorized Representative of	
West cluster Surplus Lines Insurance (On (Name of Insurer)	nepary
(Address of Representative)	175
1/1001033 Of 1001030fffdf vo i	



CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES

CERTIFICATE 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			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
LIK	GENERAL LIABILITY	NON	WVD	TOLIST NOMBER	(MINDED TITT)		EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000.00
, [COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	Y		G27445214-004	04/21/2017	04/21/2018	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	1,000,000.00
	Contractor's Pollution (CPL)		N				PERSONAL & ADV INJURY	\$	1,000,000.00
							GENERAL AGGREGATE	\$	1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000.00
	POLICY PRO- LOC							\$	
	AUTOMOBILE LIABILITY		N	02592909	07/30/2017	07/30/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000.00
	ANY AUTO						BODILY INJURY (Per person)	\$	
_	ALL OWNED AUTOS	Υ					BODILY INJURY (Per accident)	\$	
B [SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$ \$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/N N/A	A				WC STATU- OTH-		
AN OF (M:	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Transportation Pollution Coverage	Υ	N	G27445214-004	04/21/2017	04/21/2018	\$1,000,000.00	Per C	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

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

CANCELLATION

COACE-

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