REVIEWED

By Janet Ashwood at 9:59 am, Jan 18, 2018

of Environmental Protection

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

PRICEIVED

AND ASSET OF PRICEIPS

JAN 1.6 2018

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

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196-1056 (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 Cliff Berry, Inc. (Name of Insured) (the "Insured"), of 851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316 (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 LD. No. FL D058560699 FLD058560699 FLD058560699 FLR00009266 Cliff Berry, Inc Fort Lauderdale 3400 SE 9th Ave., Dania Beach, FL 33316 FLR0000119792 Cliff Berry, Inc Ft. Pierce 400 Angle Rd., Ft. Pierce, Fl. 34947-2501 FLR000119792 Cliff Berry, Inc Canaveral 5855 Industrial Dr., Cocca, FL 32927-4608 FLR000119784 Cliff Berry, Inc Jacksonville 1518 Talleyrand Ave., Jacksonville, FL 320(FLR000119784 Cliff Berry, Inc Jacksonville 1518 Talleyrand Ave., Jacksonville, FL 320(FLR000013888 Cliff Berry, Inc. 5218 Saint Paul St., Tampa, FL 33619-6118 (Iff 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 51,000,000 for each accident, exclusive of legal defense costs. The coverage is provided ander policy number 6PL 0274654-00, issued on 12/31/2017 (date) This insurance is excess and the company shall not be liable for amounts in excess of 51 for each accident in excess of the underlying limit of 51 for each accident in excess of the underlying limit of 51 for each accident in excess of the underlying limit of 51 for each accident in excess of the underlying limit of 51 for each accident in excess of 1 fear and 2 fe	Steadfast	(Name of Insurer)	
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Mail original completed form to: Department of Environmental Protection 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 Harrold (Typed name)
Resident Insurance Agent (Title)
Authorized Representative of
Steadfast Insurance Company (Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309 (Address of Representative)