REVIEWED

1.

By Janet Ashwood at 9:08 am, Feb 07, 2018

Mail original completed form to:

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

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

RECEIVED ENTER WEST WOTERTION

FEB 0 6 2018

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

	. of Pittsburgh, PA	
	(Name of Insurer)	
the "Insurer"), of 175 Wa	ter Street, New York, NY 10038	
	(Address of Insurer)	
nereby certifies that it hence	as issued liability insurance covering b on for sudden accidental occurrences to	odily injury and property damage including
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured") of 520 B	eachcraft Street, Bartow, FL 33830	
(110 11104104), 02	eachcraft Street, Bartow, FL 33830 (Physical Address of Insured)	
in connection with the i	nsured's obligation to demonstrate finaule 62-710.600(2) and 62-730.170. The	ancial responsibility under Florida ne coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD984187831	Freehold Cartage, Inc.	520 Beachcraft Street
		Dantow, I L 33030
		Bartow, FL 33830
	iple facilities, identify each facility ins	ured.)
This insurance is prima \$ 1,000,000	ary and the company shall not be liable for each accident, exclusive of legal	ured.) for amounts in excess of defense costs. The coverage is provided
This insurance is prima	ary and the company shall not be liable for each accident, exclusive of legal	ured.) for amounts in excess of defense costs. The coverage is provided
This insurance is prima \$ 1,000,000	ary and the company shall not be liable for each accident, exclusive of legal A2820304, issued on 10/01/2017 aid policy is 10/01/2017	ured.) for amounts in excess of defense costs. The coverage is provided
This insurance is <u>prima</u> \$ 1,000,000 under policy number C	ary and the company shall not be liable for each accident, exclusive of legal A2820304, issued on 10/01/2017	ured.) for amounts in excess of defense costs. The coverage is provided (date)
This insurance is <u>primas</u> 1,000,000 under policy number C	ary and the company shall not be liable for each accident, exclusive of legal A2820304, issued on 10/01/2017 aid policy is 10/01/2017 (date)	ured.) for amounts in excess of defense costs. The coverage is provided (date)
This insurance is prima \$ 1,000,000 under policy number C The effective date of si is 10/01/2018 (date This insurance is excer-	ary and the company shall not be liable for each accident, exclusive of legal AZBZ0304, issued on 10/01/2017 aid policy is 10/01/2017 (date)	ured.) for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of
This insurance is prima \$ 1,000,000 under policy number C The effective date of si is 10/01/2018 (date This insurance is excess \$	ary and the company shall not be liable for each accident, exclusive of legal 10/01/2017 aid policy is 10/01/2017 (date) as and the company shall not be liable in for each accident in excess of the for each accident exclusive of legal	ured.) for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is provide
This insurance is prima \$ 1,000,000 under policy number C The effective date of si is 10/01/2018 (date This insurance is excer-	ary and the company shall not be liable for each accident, exclusive of legal issued on 10/01/2017 aid policy is 10/01/2017 (date) ss and the company shall not be liable in for each accident in excess of the for each accident, exclusive of legal in the same accident, exclusive of legal in the for each accident, exclusive of legal in the for each accident, exclusive of legal in the same accident.	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is provide . The effective date o
This insurance is prima \$ 1,000,000 under policy number C The effective date of si is 10/01/2018 (date This insurance is excess \$	ary and the company shall not be liable for each accident, exclusive of legal issued on 10/01/2017 aid policy is 10/01/2017 (date) ss and the company shall not be liable in for each accident in excess of the for each accident, exclusive of legal in the same accident, exclusive of legal in the for each accident, exclusive of legal in the for each accident, exclusive of legal in the same accident.	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is provide The effective date o

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Tallahassee, Florida 32399-2400

- 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.

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- 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

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 Insure

Joan M. Williams

(Typed name)

Client Manager

(Title)

Authorized Representative of

National Union Fire Insurance Co. of Pittsburgh, PA

(Name of Insurer)

WTW, 10000 Midlantic Drive, Suite 200, Mt. Laurel, NJ 08054

(Address of Representative)

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

	(Name of Insurer)	
(the "Insurer"), of 1221 Av	venue of the Americas, New York, NY 10020	
	(Address of Insurer)	,
nereby certifies that it henvironmental restoration	as issued liability insurance covering on for sudden accidental occurrences	bodily injury and property damage including to
Freehold Cartage, Inc.	(Name of Insured)	
(the "Insured"), of 520 B	eachcraft Street, Bartow, FL 33830	
	(Physical Address of Insured)	
in connection with the i Administrative Code R	nsured's obligation to demonstrate firule 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLD984187831	Freehold Cartage, Inc.	520 Beachcraft Street
(If coverage is for mult	inle facilities, identify each facility in	sured.)
This insurance is <u>prima</u> \$	iple facilities, identify each facility in <u>ry</u> and the company shall not be liabl <u>for each accident, exclusive of legal</u> , issued on	
This insurance is prima	ry and the company shall not be liabl for each accident, exclusive of lega , issued on	le for amounts in excess of al defense costs. The coverage is provided
This insurance is <u>prima</u> \$under policy number	ary and the company shall not be liable for each accident, exclusive of legation, issued on	le for amounts in excess of al defense costs. The coverage is provided (date)
This insurance is prima under policy number The effective date of sa is (date This insurance is excess 4,000,000 1,000,000	and the company shall not be liable for each accident, exclusive of legar, issued on	de for amounts in excess of al defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of the underlying limit of the egal defense costs. The coverage is provided
This insurance is prima \$ under policy number The effective date of sa is	and the company shall not be liable for each accident, exclusive of legar, issued on	de for amounts in excess of al defense costs. The coverage is provided (date) and the expiration date of said policy e for amounts in excess of the underlying limit of the egal defense costs. The coverage is provide to the coverage is provided to the coverage i
This insurance is prima under policy number The effective date of sa is (date This insurance is excess 4,000,000 1,000,000	and the company shall not be liable for each accident, exclusive of legar, issued on	de for amounts in excess of al defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of the underlying limit of the egal defense costs. The coverage is provided to the c

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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.

Indicates as the control of the cont
(Signature/of Authorized Representative of Insurer)
Joan M. Williams
(Typed name)
Client Manager
(Title)
Authorized Representative of
Endurance American Specialty Insurance Company
(Name of Insurer)
WTC, 10000 Midlantic Drive, Suite 200, Mt. Laurel, NJ 08054
(Address of Representative)