REVIEWED

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By Janet Ashwood at 9:02 am, Feb 07, 2018

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

RECEIVED

FINE IN MENUAL PROTECTION

FEB 06 2018

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

	(Name of Insurer)	
(the "Insurer"), of 175 Wa	ter Street, New York, NY 10038	
	(Address of Insurer)	
	as issued liability insurance covering to on for sudden accidental occurrences t	podily injury and property damage including
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured"), of 825 H	ighway 33 East, Freehold, NJ 07728	
(1110 111111111111111111111111111111111	(Physical Address of Insured)	
	nsured's obligation to demonstrate final ale 62-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
NJD054126164	Freehold Cartage, Inc.	825 Highway 33 East
(If coverage is for multi	iple facilities, identify each facility ins	ured.)
-	iple facilities, identify each facility ins	for amounts in excess of
This insurance is prima \$ 1,000,000	ry and the company shall not be liable for each accident, exclusive of legal	for amounts in excess of defense costs. The coverage is provided
This insurance is prima	ry and the company shall not be liable for each accident, exclusive of legal	for amounts in excess of defense costs. The coverage is provided
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This insurance is prima \$ 1,000,000	ry and the company shall not be liable for each accident, exclusive of legal A2820304, issued on 10/01/2017	for amounts in excess of defense costs. The coverage is provided
This insurance is <u>primar</u> § 1,000,000 under policy number <u>C</u>	ry and the company shall not be liable for each accident, exclusive of legal 10/01/2017, issued on 10/01/2017	for amounts in excess of defense costs. The coverage is provided (date)
This insurance is <u>primar</u> \$ 1,000,000 under policy number C/ The effective date of sa is 10/01/2018	ry and the company shall not be liable for each accident, exclusive of legal v2820304 , issued on 10/01/2017 id policy is 10/01/2017 (date)	for amounts in excess of defense costs. The coverage is provided (date)
This insurance is <u>primar</u> § 1,000,000 under policy number <u>C</u>	ry and the company shall not be liable for each accident, exclusive of legal v2820304 , issued on 10/01/2017 id policy is 10/01/2017 (date)	for amounts in excess of defense costs. The coverage is provided (date)
This insurance is primas \$ 1,000,000 under policy number C/ The effective date of sa is 10/01/2018 (date)	ry and the company shall not be liable for each accident, exclusive of legal 12820304, issued on 10/01/2017 id policy is 10/01/2017 (date) g and the company shall not be liable for	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 sa is 10/01/2018 (date) This insurance is excess: \$	ry and the company shall not be liable for each accident, exclusive of legal 10/01/2017 id policy is 10/01/2017 (date) and the company shall not be liable for each accident in excess of the	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
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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
- 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.
 - 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 Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of (c) 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 for claims resulting from accidents which occur after the termination of the insurance described (e) 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

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)

1.

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 NATION PROTECTION

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

	(Name of Insurer)	
(the "Ingurar") of 1221 Av	enue of the Americas, New York, NY 10020	
(the filsurer), or	(Address of Insurer)	
hereby certifies that it ha environmental restoratio	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 825 Hi	ghway 33 East, Freehold, NJ 07728	
(ale insured), or	(Physical Address of Insured)	
in connection with the in	nsured's obligation to demonstrate fir de 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD054126164	Freehold Cartage, Inc.	825 Highway 33 East
(If coverage is for multi	ple facilities, identify each facility in	sured.)
	ple facilities, identify each facility in ry and the company shall not be liabl for each accident, exclusive of lega , issued on	
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This insurance is primas under policy number The effective date of sa	ry and the company shall not be liabl for each accident, exclusive of lega , issued on id policy is (date)	le for amounts in excess of al defense costs. The coverage is provided (date)
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This insurance is prima: \$	ry and the company shall not be liable for each accident, exclusive of lega , issued on id policy is (date) s and the company shall not be liable for each accident in excess of th for each accident, exclusive of le	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 egal defense costs. The coverage is provide
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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

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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 Insurer)

Joan M. Williams

(Typed name)

Client Manager

(Title)

Authorized Representative of

Endurance American Specialty Insurance Company

(Name of Insurer)

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

(Address of Representative)