

**REVIEWED**

By Janet Ashwood at 8:38 am, Feb 22, 2018

Department of Environmental Protection  
2000 Brian Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

RECEIVED  
ENVIRONMENTAL PROTECTION  
FEB 20 2018  
PERMITTING & COMPLIANCE  
ASSISTANCE PROGRAM

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



1. Travelers Indemnity Company of Connecticut  
(Name of Insurer)

(the "Insurer"), of 100 Windward Concourse, Alpharetta, GA 30005  
(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

Ring Power Corporation  
(Name of Insured)

(the "Insured"), of 500 World Commerce Parkway, St. Augustine, FL 32092  
(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:

| <u>EPA/DEP I.D. No.</u> | <u>Name</u>                   | <u>Physical Address</u>                            |
|-------------------------|-------------------------------|--|
| <u>FLR000127274</u>     | <u>Ring Power Corporation</u> | <u>330 Pecan Park Road, Jacksonville, FL 32218</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 HC2ECAP475M-5399-17, issued on 04/01/2017.  
(date)

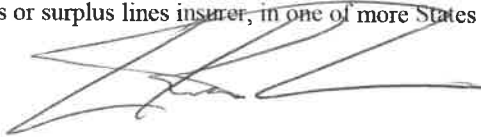
The effective date of said policy is 04/01/2017 and the expiration date of said policy  
(date)  
is 07/01/2018.  
(date)

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 N/A, issued on N/A. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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 or more States including Florida.



\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

L. Kipp Minter  
(Typed name)

Agent  
(Title)

Authorized Representative of



Travelers Indemnity Company of Connecticut  
(Name of Insurer)

P.O. Box 4927, Orlando, FL 32802  
(Address of Representative)