Mail original completed form to:

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

**RECEIVED** For ssistance call: 870-245 of Favironmental Protection

MAR 15 2018

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

Permitting & Compliance Assistance Program

Ace American Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 436 Walnu	t St., Philadelphia PA 19106	
	(Address of Insurer)	
hereby certifies that it has environmental restoration	issued liability insurance covering for sudden accidental occurrences	bodily injury and property damage includito
PSC Industrial Outsourcing LP dba F	Philip West Industrial Services	
	(Name of Insured)	
(the "Insured"), of 2050 WF	remont Street, Stockton, CA 95203	
	(Physical Address of Insured)	
in connection with the insu Administrative Code Rule	ured's obligation to demonstrate fir 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
CAR000269548		
	reet, Stockton, CA 95203	
(If coverage is for multiple	facilities, identify each facility in	sured.)
\$ 3,000,000 fo	and the company shall not be liable or each accident, exclusive of legal	defense costs. The coverage is provided
under policy number ISA H2	issued on 03/01/2018	(date)
		(uate)
The effective date of said p	oolicy is 03/01/2018 (date)	and the expiration date of said policy
is_03/01/2019	*	
(date)		
This insurance is excess an	d the company shall not be liable f	for amounts in excess of
\$	for each accident in excess of the	underlying limit of
\$under policy number	_tor each accident, exclusive of leg	
ander poney number		
	, issued on	
said policy is(date)	, issued on	gal defense costs. The coverage is provided.  The effective date of (date) e of said policy is 03/01/2019

- 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)

## **Arnold Picariello**

(Typed name)

## AVP, Team Leader

(Title)

Authorized Representative of

## Ace American Insurance Company

(Name of Insurer)

## 436 Walnut St., Philadelphia PA 19106

(Address of Representative)