REVIEWED

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By Janet Ashwood at 4:17 pm, Mar 29, 2018 ent of Environmental Protection

2000 Bair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

or assistance caRECEIVED8707

Florida Department of Environmental

Protection

MAR 26 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURAR Projetting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OF TAXABLE Program

| | (Name of Insurer) | |
|--|--|---|
| (the "Insurer"), of P.O. | Bpx 30315 Lansing, MI 48909-7815 | |
| | (Address of Insurer) | |
| hereby certifies that it environmental restorat | has issued liability insurance coverion for sudden accidental occurre | ering bodily injury and property damage includences to |
| Orlando Industrial Contractors, | Inc. | |
| | (Name of Insured) | |
| (the "Insured") of 9409 | 9 Boyce Avenue Orlando, FL 32824 | |
| (,, 0. | (Physical Address of Insured | |
| Administrative Code FEPA/DEP I.D. No. | Rule 62-710.600(2) and 62-730.17 | |
| | <u>Name</u> | Physical Address |
| FLR000220392 | Orlando Industrial Contr | actors, Inc. 9409 Boyce Ave Orland |
| | | |
| | tiple facilities, identify each facilit | |
| This insurance is <u>prima</u> \$_1,000,000 | ary and the company shall not be I for each accident, exclusive of | iable for amounts in excess of egal defense costs. The coverage is provided |
| This insurance is prima | ary and the company shall not be I for each accident, exclusive of | iable for amounts in excess of egal defense costs. The coverage is provided |
| This insurance is <u>prima</u> \$ 1,000,000 under policy number 4 | ary and the company shall not be I for each accident, exclusive of 422840900 , issued on 01/0 | iable for amounts in excess of egal defense costs. The coverage is provided (date) |
| This insurance is <u>prima</u> \$_1,000,000 | ary and the company shall not be I for each accident, exclusive of 422840900 , issued on 01/01 | able for amounts in excess of egal defense costs. The coverage is provided |
| This insurance is prima \$ 1,000,000 under policy number 4. The effective date of sa is 01/01/2019 | ary and the company shall not be larger for each accident, exclusive of decident, exclusive of larger for each accident, exclusive of larger for each accident, exclusive of larger for each accident, exclusive of larger for each accident. | iable for amounts in excess of egal defense costs. The coverage is provided (date) |
| This insurance is <u>prima</u> § 1,000,000 under policy number 44 The effective date of sa | ary and the company shall not be larger for each accident, exclusive of decident, exclusive of larger for each accident, exclusive of larger for each accident, exclusive of larger for each accident, exclusive of larger for each accident. | iable for amounts in excess of egal defense costs. The coverage is provided (date) |
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| This insurance is prima \$ 1,000,000 under policy number 4 The effective date of sa is 01/01/2019 (date This insurance is excess \$ 1,000,000 | ary and the company shall not be I for each accident, exclusive of 422840900 , issued on 01/0 hid policy is 01/01/2018 (date) s and the company shall not be lia for each accident in excess of | iable for amounts in excess of egal defense costs. The coverage is provided (date) and the expiration date of said policy ble for amounts in excess of the underlying limit of if legal defense costs. The coverage is provided The effective date 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

- 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.

For assistance call: 850-245-8707

- (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.
- 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)

Jean-Paul M. Ziccardi

(Typed name)

Executive Vice President

(Title)

Authorized Representative of

Auto Owners Insurance Company

(Name of Insurer)

2701 Maitland Center Parkway Suite 125 Maitland, FL 32751

(Address of Representative)

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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245@EWED
Florida Department of Environmental
Protection

MAR 26 2018

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

Permitting & Compliance
Assistance Program

| | · · | |
|---|--|--|
| | (Name of Insurer) | |
| (the "Insurer"), of 2660 | 00 Telegraph Road Southfield, MI 48033 | |
| | (Address of Insurer) | |
| hereby certifies that it environmental restora | has issued liability insurance coveri tion for sudden accidental occurrenc | ng bodily injury and property damage inclues to |
| Orlando Industrial Contractors | , Inc. | |
| | (Name of Insured) | |
| (the "Insured"), of 940 | 9 Boyce Avenue Orlando, FL 32824 | |
| | (Physical Address of Insured) | |
| in connection with the Administrative Code I | e insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.170. | financial responsibility under Florida The coverage applies at: |
| EPA/DEP I.D. No. | Name | Physical Address |
| FLR000220392 | Orlando Industrial Contra | ctors, Inc. 9409 Boyce Ave Orlan |
| - | | |
| (If coverage is for mul | Itiple facilities, identify each facility | insured.) |
| This insurance is <u>prim</u> \$ 1.000,000 | ary and the company shall not be lial | ble for amounts in excess of gal defense costs. The coverage is provided |
| This insurance is <u>prim</u> \$ 1,000,000 under policy number / | ary and the company shall not be lial for each accident, exclusive of legansection for each accident, exclusive of legansection for each accident, issued on for each accident. | ble for amounts in excess of gal defense costs. The coverage is provided |
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| This insurance is prim \$ 1,000,000 under policy number / The effective date of s is 10/11/2018 (date This insurance is exces \$ 1,000,000 \$ 1,000,000 | ary and the company shall not be lial for each accident, exclusive of legands and policy is 10/11/2017 (date) ss and the company shall not be liable for each accident in excess of the for each accident, exclusive of susued on susued on success. | ble for amounts in excess of gal defense costs. The coverage is provided out (date) and the expiration date of said policy e for amounts in excess of the underlying limit of |

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(Signature of Authorized Representative of Insurer)

Jean-Paul M. Ziccardi

(Typed name)

Executive Vice President

(Title)

Authorized Representative of

Hamilton Specialty Insurance Company

(Name of Insurer)

2701 Maitland Center Parkway Suite 125 Maitland, FL 32751

(Address of Representative)