

**REVIEWED**

By Janet Ashwood at 9:55 am, Apr 24, 2018

Mail original completed form to:

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

For assistance call 904-215-8707

RECEIVED  
Florida Department of Environmental  
Protection

APR 16 2018

Permitting & Compliance  
Assistance Program

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

1. Westchester Surplus Lines Insurance Company  
(Name of Insurer)

(the "Insurer"), of 436 Walnut St Philadelphia PA 19106  
(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

Chem Klean Corporation  
(Name of Insured)

(the "Insured"), of 2356 West 80 St Unit #1 Hialeah FL 33016  
(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:

| EPA/DEP I.D. No.     | Name                          | Physical Address                                 |
|----------------------|-------------------------------|--|
| <u>FLR 000220904</u> | <u>Chem Klean Corporation</u> | <u>2356 West 80 St Unit #1 Hialeah, FL 33016</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 627445214-005, issued on 4-21-18 (date)


The effective date of said policy is 4-21-18 (date) and the expiration date of said policy is 4-21-19 (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 \_\_\_\_\_, issued on \_\_\_\_\_ (date). The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is \_\_\_\_\_ (date)

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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.

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

Lucy Mateu  
\_\_\_\_\_  
(Typed name)

Agent, CLU  
\_\_\_\_\_  
(Title)

Authorized Representative of

Westchester Surplus Lines Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

2711 SW 137 Ave Ste #95 Miami, FL 33175  
\_\_\_\_\_  
(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/18

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |   |        |
|---|---|---|--------|
| PRODUCER<br>Gorin Insurance Inc.<br>2711 SW 137th Ave Ste #95<br>Miami, FL 33175<br>Phone (305) 559-9348 Fax (305) 225-5190 | CONTACT NAME: Lucy Mateu                      | FAX (A/C No): (305) 225-5190              |        |
|   | PHONE (A/C No, Ext): (305) 559-9348           | E-MAIL ADDRESS: Lmateu@gorininsurance.com |        |
| INSURED<br>Chem Klean Corporation<br>2022 SW 148 Ave<br>Miramar, Fl. 33027  | PRODUCER CUSTOMER ID #:                       | INSURER(S) AFFORDING COVERAGE             | NAIC # |
|   | INSURER A: Westchester Surplus Lines Ins. Co. |   | 10172  |
|   | INSURER B: Progressive Express Insurance Co.  |   | 10193  |
|   | INSURER C:                                    |   |        |
|   | INSURER D:                                    |   |        |
|   | INSURER E:                                    |   |        |

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADD'L SUBR INSR | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------------|-----|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractor's Pollution (CPL)<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y               | N   | G27445214-005 | 04/21/2018              | 04/21/2019              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00<br>MED EXP (Any one person) \$ 1,000,000.00<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 1,000,000.00<br>PRODUCTS - COMP/OP AGG \$ 1,000,000.00 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | Y               | N   | 02592909      | 07/30/2017              | 07/30/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |                 |     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N             | N/A |               |                         |                         | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Transportation Pollution Coverage  | Y               | N   | G27445214-005 | 04/21/2018              | 04/21/2019              | \$1,000,000.00 Per Occ & Aggregate   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Transportation Hazard & Non-Hazard Solvents 1997 Mitsubishi Box Truck #1584 & 2009 Int'l 4300 Box Truck #0562

**CERTIFICATE HOLDER**

Florida Dept of Enviromental Protection FDEP  
 Dep Waste Management Division-HWRS,MS4560  
 2600 Blair Stone Road  
 Tallahassee, Fl. 32399-2400

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE