For assistance call: 850-245-8707

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

Old Republic Insurance Compar	ıy				
	(Name of Insurer)				
(the "Insurer"), of 250 Pe	ehle Avenue, Suite 201, Saddle Brook, New J	ersey 07663			
	(Address of Insurer)				
	nas issued liability insurance covon for sudden accidental occurr		roperty damage including		
Landstar Express America, Inc.					
	(Name of Insured)				
(the "Insured"), of 13410	0 Sutton Park Drive South, Jacksonville, FL 3	2224			
	(Physical Address of Insure				
	insured's obligation to demonstrule 62-710.600(2) and 62-730.1		•		
EPA/DEP I.D. No.	<u>Name</u>	Physical	Address		
FLR000099945	Landstar Express	America, Inc.		THE RESERVE OF A SECURIOR SECU	
	13410 Sutton Park	410 Sutton Park Drive South		RECEIVED Florida Department of Environmen Protection	
	Jacksonville, FL 32	2224	MAY 0 4	2018	
(If coverage is for mult	iple facilities, identify each facil	Permitting & C Assistance F			
This insurance is <u>prima</u> \$ 1,000,000 under policy number M	ary and the company shall not be for each accident, exclusive o wrt307222-02 , issued on 5/	f legal defense costs. The		amagas (amagas) a pianang amaga a a dia a ang dia sa ang ang	
under poncy number _	, issued on	(date)			
The effective date of sa	aid policy is 5/1/2018 (date)	and the expiration	date of said policy		
is 5/1/2019	•				
(date)				
\$ 4,000,000	s and the company shall not be l for each accident in excess	of the underlying limit of	•		
\$_1,000,000 under policy number_MV	for each accident, exclusive NZX307221-02, issued of				
ander poncy number	, issued c	(date)	The effective date of		
said policy is 5/1/2018	and the expiration	on date of said policy is 5			
(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)

Brenda Linton

Authorized Representative

(Title)

(Typed name)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

1050 Connecticut Avenue, NW, Suite 700, Washington, DC 20036

(Address of Representative)