For assistance call: 850-245-8707

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

Old Republic Insulance Company			
	(Name of Insurer)		
(the "Insurer"), of ²⁵⁰ Pet	nle Avenue, Suite 201, Saddle Brook, New Jersey 07663		
	(Address of Insurer)		
	as issued liability insurance covering bo on for sudden accidental occurrences to	dily injury and prop	perty damage including
Landstar Ligon, Inc.			
	(Name of Insured)		
(the "Insured"), of 13410	Sutton Park Drive South, Jacksonville, Ft. 32224		
	(Physical Address of Insured)		
	nsured's obligation to demonstrate financiale 62-710.600(2) and 62-730.170. The	•	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address	
FLR000099937	Landstar Ligon, Inc.		RECEIVED
	13410 Sutton Park Drive S	South	Florida Department of Environment Protection
	Jacksonville, FL 32224		MAY 0 4 2018
(If coverage is for multiple facilities, identify each facility insured.)		Permitting & Compliance Assistance Program	
\$ 1,000,000	ry and the company shall not be liable for each accident, exclusive of legal de		
under policy number M		(date)	
The effective date of sai	id policy is 5/1/2018 an (date)	d the expiration dat	te of said policy
is 5/1/2019	·		
(date)			
\$_4,000,000	and the company shall not be liable for for each accident in excess of the un		of
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided			
under policy number MW		date)	The effective date of
said policy is 5/1/2018	and the expiration date o	,	2019 .
(date)		• •	ate)

- 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.

Brenda Linton

Signature of Authorized Representative of Insurer)

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)