Mail original completed form to:

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

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MAY 1 0 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE Assistance Program

Permitting & Compliance

HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

NATIONAL UNION FIRE INSURA	NCE CO. OF PITTSBURGH, PA	
	(Name of Insurer)	
(the "Insurer"), of 175 Water	₃r Street, New York, NY 10038	
· //	(Address of Insurer)	
	s issued liability insurance covering n for sudden accidental occurrences	bodily injury and property damage includito
Triumvirate Environmental (Florida), Inc.	
	(Name of Insured)	
(the "Insured"), of 3701 SI	N 47h Avenue, Suite 109, Davie, FL 33314	
	(Physical Address of Insured)	
in connection with the in Administrative Code Rul	sured's obligation to demonstrate fir de 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FI D080550728 Tri	umvirate Environmental Se	rvices, Inc. 10100 Rocket Blvd,
		nc. 200 Inner Belt Road, Somer
(If coverage is for multip	le facilities, identify each facility in	sured.)
	and the company shall not be liable for each accident, exclusive of legal 820176 AOS , issued on 12/31/2017	
		defense costs. The coverage is provided (date)
The effective date of said	policy is 12/31/2017 (date)	<u> </u>
The effective date of said is 12/31/2018		(date)
		(date)
is 12/31/2018 (date) This insurance is excess a	(date)	(date) and the expiration date of said policy for amounts in excess of
is 12/31/2018 (date) This insurance is excess as 2,000,000 \$ 2,000,000	(date) and the company shall not be liable in for each accident in excess of the for each accident, exclusive of leg	(date) and the expiration date of said policy for amounts in excess of
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is 12/31/2018 (date) This insurance is excess at 2,000,000 \$ 2,000,000	ind the company shall not be liable for each accident in excess of the for each accident, exclusive of legon, issued on	(date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is provide
(date) (his insurance is excess a 2,000,000 2,000,000 nder policy number	ind the company shall not be liable for each accident in excess of the for each accident, exclusive of legon, issued on	(date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is pro The effective da (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707 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.
- (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.

Tom Morosa
(Signature of Authorized Representative of Insurer)
Tom Thompson
(Typed name)
Senior Underwriter
(Title)
Authorized Representative of
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA
(Name of Insurer)
(Address of Representative)

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

MAY 10 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANGE atting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIASHANDLER gram

(N		
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(the "Insurer"), of 175 Water Stree	et, New York, NY 10038	
	ddress of Insurer)	
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in connection with the insured Administrative Code Rule 62-	's obligation to demonstrate final 710.600(2) and 62-730.170.	ancial responsibility under Florida ne coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
El D980559728 Triumy	virate Environmental Ser	vices, Inc. 10100 Rocket Blvd
	ivirale Environmental, in	c. 200 Inner Belt Road, Some
	——————————————————————————————————————	c. 200 Inner Belt Road, Some
	cilities, identify each facility ins	
If coverage is for multiple fac	cilities, identify each facility inst the company shall not be liable ach accident, exclusive of legal	for amounts in excess of defense costs. The coverage is provided
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 - (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.
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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.

10m Thompson
(Signature of Authorized Representative of Insurer)
Tom Thompson (Typed name)
Senior Underwriter
(Title)
Authorized Representative of
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA
(Name of Insurer)
(Address of Representative)