Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-243-8707
RECEIVED
Florida Department of Environmental
Protection

JUL 17 2018

# STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE titing & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OF HARD DEGRAM

National Fire & Marine Ir	surance Company		
	(Name of Insurer)		
(the "Insurer"), of	1314 DOUGLAS ST STE 1400, OMAH	A, NE 681021944	
	(Address of Insure		
hereby certifies the environmental res	at it has issued liability insutoration for sudden accident	rance covering b	odily injury and property damage incl
Hazmat Environmental G	Group, Inc.		
	(Name of Insured)		
(the "Incured") of	60 Commerce Drive, Buffalo, NY 142	18	
(the mistred ), or	(Physical Address		
	• •	,	
in connection with Administrative Co	the insured's obligation to ode Rule 62-710.600(2) and	demonstrate final 62-730.170. The	ncial responsibility under Florida e coverage applies at:
EPA/DEP I.D. No	Name		Physical Address
NYD980769947	Hazmat Environment	tal Crave Inc	
This insurance is p \$under policy numb	multiple facilities, identify or orimary and the company shate of each accident, except the company of said policy is 7/1/2018	all not be liable f clusive of legal d ted on	or amounts in excess of lefense costs. The coverage is provide (date)
The effective date		a	nd the expiration date of said policy
is 7/1/2019	(1		
	·	date)	
(	(date)		
·	(date)	date)	s amounts in oxoges = 5
This insurance is e	(date)  xcess and the company shall	date) I not be liable for	r amounts in excess of
·	date)  xcess and the company shal for each accident in	date) I not be liable for a case of the unit of the un	nderlying limit of
This insurance is <u>e</u> \$_4,000,000	(date)  xcess and the company shalfor each accident in for each accident, of the company shalfor each accident.	date) I not be liable for a case of the unit of the un	nderlying limit of I defense costs. The coverage is provi
This insurance is <u>e</u> \$ 4,000,000 \$ 1,000,000 under policy numb	xcess and the company shall for each accident in for each accident, or er 42-XSF-302665-03	I not be liable for n excess of the un exclusive of lega issued on 7/1/2018	nderlying limit of I defense costs. The coverage is provi
This insurance is <u>e</u> \$ 4,000,000 \$ 1,000,000	(date)  xcess and the company shall for each accident in for each accident, or er 42-XSF-302665-03  and the	I not be liable for n excess of the un exclusive of lega issued on 7/1/2018	nderlying limit of I defense costs. The coverage is provi The effective date

- 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)

# Justin Tuohey

(Typed name)

# **Underwriting Manager**

(Title)

Authorized Representative of

### National Fire & Marine Insurance Company

(Name of Insurer)

1314 DOUGLAS ST STE 1400, OMAHA, NE 681021944

(Address of Representative)

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Florida Department of Environmental Protection

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#### STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

Permitting & Compliance Assistance Program

This endorsement certifies that the policy to which the endorsemen

liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at: EPA/DEP I.D. No. Name 1 Physical Address NYD980769947 Hazmat Environmental Group, Inc. 60 Commerce Drive, Buffalo, NY 14218 (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 for each accident, exclusive of the legal defense costs. This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,0000 for each accident, exclusive of legal defense costs. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d): (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached. (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 (c) Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements. (d) Cancellation of this endorsement, whether by the Insurer or the insured and any other

termination of this endorsement (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.

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(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.

Attached to and forming part of policy No. 42-XSF-302665-03 issued by
National Fire & Marine Insurance Company [Name of Insurer], herein called the Insurer, of
1314 DOUGLAS ST STE 1400, OMAHA, NE 681021944 to
[Address of Insurer]
Hazmat Environmental Group, Inc.
[Name of Insured]
60 Commerce Drive, Buffalo, NY 14218
[Physical Address of Insured]
this $\frac{6}{\text{(Day)}}$ day of $\frac{20}{\text{(Month)}}$ , $\frac{18}{\text{(Year)}}$ .
(Day) (Month) (Year)
The effective date of said policy is O7 day of O1 (Month), 20 18.  The expiration date of said policy is O7 day of O1 (Month), 20 19.  (Day) day of O1 (Month), 20 19.
(Day) (Month) (Year)
The expiration date of said policy is $\frac{07}{200}$ day of $\frac{01}{200}$ , $\frac{19}{200}$ .
(Day) (Month) (Year)
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 or more states including Florida
de la company de
[Signature of Authorized Representative of Insurer]
Justin Tuohey
[Type Name]
Underwriting Manager
[Title]
Authorized Representative of
National Fire & Marine Insurance Company
Name of Insurer]

# 1314 Douglas St. Ste 1400, OMAHA, NE 681021944

[Address of Representative]