Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707
Florida Department of Environmental
Protection

JUL 27 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE MITTING & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL FLANGE Program

	(Name of Insurer)	
(the "Insurer"), of 505 Ea	agleview Blvd, Exton, PA 19341	
· // /	(Address of Insurer)	7.9
hereby certifies that it is environmental restorat	has issued liability insurance cove	ring bodily injury and property damage includinces to
Envirite of Pennsylvania, Inc.	,	
=	(Name of Insured)	
(the "Insured"), of 730 V	/ogelsong, York PA 17404	
	(Physical Address of Insured)	-
	insured's obligation to demonstrat Rule 62-710.600(2) and 62-730.17	e financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
PAD010154045	Envirite of Pennsylvania.	
This insurance is <u>prima</u> \$ 1,000,000	tiple facilities, identify each facilit ary and the company shall not be lifted for each accident, exclusive of l	iable for amounts in excess of egal defense costs. The coverage is provided
This insurance is <u>prima</u>	ary and the company shall not be li for each accident, exclusive of l	iable for amounts in excess of egal defense costs. The coverage is provided
This insurance is <u>prima</u> \$ 1,000,000 under policy number AE The effective date of sa	ary and the company shall not be lifted for each accident, exclusive of lecondessess, issued on 8/1/20	table for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>prima</u> § 1,000,000 under policy number As The effective date of sa	ary and the company shall not be light for each accident, exclusive of lecono4834203, issued on 8/1/20 aid policy is 8/1/2018 (date)	iable for amounts in excess of legal defense costs. The coverage is provided (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)

Joseph S. Catanese
(Typed name)

Underwriting Manager
(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)