### **REVIEWED**

1.

By Janet Ashwood at 3:57 pm, Jul 31, 2018 at of Environmental Protection

r Stone Road, Mail Station 4560

For assistance call \$50.245-8707 Florida Department of Environmental Protection

JUL 3 1 2018

#### STATE OF FLORIDA Permitting & Compliance CERTIFICATE OF LIABILITY INSURANGE Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Tallahassee, Florida 32399-2400

	(Name of Insurer)	
(the "Insurer"), of 2775 Sand	ders Rd, Building E1, Northbrook, IL 6006	2
	(Address of Insurer)	
environmental restoration	issued liability insurance corfor sudden accidental occurr	vering bodily injury and property damage includences to
Tank Wizards Inc	(Name of Insured)	
(the "Insured"), of 7619 Con		1)
	(Physical Address of Insure	d)
in connection with the inst Administrative Code Rule	ared's obligation to demonstrate 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000210542 Tar	nk Wizards Inc 7619 C	Coral Dr, West Melbourne, FL 32904
	_	
	and the company shall not be	liable for amounts in excess of
\$ 1,000,000 fo	issued on 09/	
\$ 1,000,000 fo	, issued on 09/	Flegal defense costs. The coverage is provided (date)
under policy number 648195	oolicy is 09/16/2017	16/2017
s 1,000,000 founder policy number 648195  The effective date of said p	, issued on 09/	(date)
The effective date of said p	oolicy is 09/16/2017	(date)
The effective date of said p  s 09/16/2018 (date)	policy is 09/16/2017 (date)	(date) and the expiration date of said policy
The effective date of said p  s 09/16/2018  (date)  This insurance is excess an	policy is 09/16/2017 (date)  d the company shall not be li	(date)  and the expiration date of said policy  able for amounts in excess of
The effective date of said p  (date)	oolicy is 09/16/2017  (date)  d the company shall not be lifter each accident in excess of	(date)  and the expiration date of said policy  able for amounts in excess of of the underlying limit of
The effective date of said p  (date)  This insurance is excess and p  (1,000,000)  (1,000,000)	oolicy is 09/16/2017  (date)  d the company shall not be lifter each accident in excess of	(date)  and the expiration date of said policy  able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided to the coverage
The effective date of said p s 09/16/2018  This insurance is excess and 1,000,000 s 1,000,000 under policy number	oolicy is 09/16/2017  (date)  d the company shall not be liftor each accident in excess of for each accident, exclusive 8 195 704, issued or	and the expiration date of said policy  able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided to the coverage is provi
The effective date of said p  s 09/16/2018  (date)  This insurance is excess and 1,000,000  1,000,000	oolicy is 09/16/2017  (date)  d the company shall not be liftor each accident in excess of for each accident, exclusive 8 195 704, issued or	(date)  and the expiration date of said policy  able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided in the expiration of the expiration of the expiration of legal defense costs. The coverage is provided to the expiration of the

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.

(Signature of Authorized Representative of Insurer)

#### Brian L Nicolini

(Typed name)

## Sr Sales Associate

(Title)

Authorized Representative of

# Allstate Insurance Company

(Name of Insurer)

3140 Suntree Blvd -Suite 1, Viera, FL 32955

(Address of Representative)