REVIEWED

By Janet Ashwood at 2:00 pm, Aug 06, 2018 ent of Environmental Protection ir Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

RECEIVED
For assisting Connected Protection

AUG 06 2018

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

((Name of Insurer)	
(the "Insurer"), of 505 Eaglevier	w Blvd., Suite 100, Exton, PA 19341-0636	
((Address of Insurer)	
hereby certifies that it has is environmental restoration for ERS CORP.	ssued liability insurance covering sudden accidental occurrence	ng bodily injury and property damage inc es to
	Name of Insured)	
(the "Insured"), of 760 Talleyra	,	
	Physical Address of Insured)	
in connection with the insure Administrative Code Rule 6	ed's obligation to demonstrate f 2-710.600(2) and 62-730.170.	inancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLD984261412	ERS Corp.	
(If coverage is for multiple fa	acilities, identify each facility in	nsured.)
This insurance is primary and	d the company shall not be liab	le for amounts in excess of
\$1,000,000 for ounder policy number AEC00049	each accident, exclusive of lega	
and poncy number	50218 issued on 08/01/201	al defense costs. The coverage is provide
under policy number /	50218 , issued on 08/01/201	al defense costs. The coverage is provide (date)
The effective date of said pol	icy is 08/01/2018	<u>.</u>
The effective date of said pol	50218 , issued on 08/01/201	(date)
The effective date of said pol	icy is 08/01/2018	(date)
The effective date of said policy of the said polic	licy is 08/01/2018 (date) the company shall not be liable or each accident in excess of the	(date) and the expiration date of said policy for amounts in excess of e underlying limit of
The effective date of said policy of the said polic	licy is 08/01/2018 (date) the company shall not be liable or each accident in excess of the or each accident, exclusive of le	(date) and the expiration date of said policy for amounts in excess of e underlying limit of egal defense costs. The coverage is provi
The effective date of said poles of said pol	the company shall not be liable or each accident in excess of the or each accident, exclusive of leading issued on 08/01/2018.	(date) and the expiration date of said policy for amounts in excess of e underlying limit of egal defense costs. The coverage is provi

For assistance call: 850-245-8707

- 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 Catanese

(Typed name)

Underwriting Manager

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341-0636

(Address of Representative)