

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



**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Bay Insurance Risk Retention Group, Inc.
(Name of Insurer)

(the "Insurer"), of 146 Fairchild St, Ste 135, Charleston, SC 29407
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

QUALITY CARRIERS, INC. dba QUALITY CARRIERS
(Name of Insured)

(the "Insured"), of 1208 EAST KENNEDY BLVD., SUITE 132, TAMPA, FL 33602
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 057 414	QUALITY CARRIERS, INC.	7015 ADAMO DRIVE
	dba QUALITY CARRIERS	TAMPA, FL 33619

(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BIMCL1002018, issued on 09/11/2018.
(date)

The effective date of said policy is 09/15/2018 and the expiration date of said policy is 09/15/2019.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (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)

Natalie Watkins

(Typed name)

Senior Advisory Representative

(Title)

Authorized Representative of

Bay Insurance Risk Retention Group, Inc.

(Name of Insurer)

1717 Main St, Ste 4400, Dallas, TX 75201

(Address of Representative)

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Florida Department of Environmental
Protection

SEP 17 2018

**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

Permitting & Compliance
Assistance Program

I. Allianz Underwriters Insurance Company

(Name of Insurer)

(the "Insurer"), of 1330 Avenue of the Americas, 19th Floor, New York, NY 10019

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

QUALITY CARRIERS INC. dba QUALITY CARRIERS

(Name of Insured)

(the "Insured"), of 1208 EAST KENNEDY BLVD., SUITE 132, TAMPA, FL 33602

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000 057 414	QUALITY CARRIERS, INC.	7015 ADAMO DRIVE
	dba QUALITY CARRIERS	TAMPA, FL 33619

(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 legal defense costs. The coverage is provided under policy number _____, issued on _____ (date).

The effective date of said policy is _____ and the expiration date of said policy is _____ (date).
is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 8,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number U52000017180, issued on 09/11/2018. The effective date of said policy is 09/15/2018 and the expiration date of said policy is 09/15/2019 (date).

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 - (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)

Natalie Watkins

(Typed name)

Senior Advisory Representative

(Title)

Authorized Representative of

Allianz Underwriters Insurance Company

(Name of Insurer)

1717 Main St, Ste 4400, Dallas, TX 75201

(Address of Representative)