Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 Florida Department of Environmental Protection

OCT 1 5 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE mitting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL SENTER OF THE PROGRAM

	pany	
	(Name of Insurer)	
(the "Insurer"), of 399 Par	k Ave, 8th Floor, New York, NY 10022	
	(Address of Insurer)	
	as issued liability insurance covering bo on for sudden accidental occurrences to	dily injury and property damage includin
Sprint Holdings, LLC		
	(Name of Insured)	
(the "Insured"), of 5300 t	Memorial Drive, Suite 270, Houston TX 77077	
**************************************	(Physical Address of Insured)	
	nsured's obligation to demonstrate financiale 62-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	Name	Physical Address
TXR000084006	Bealine Service Company	6503 Thompson Road
(If coverage is for multi	ple facilities, identify each facility insure	ed.)
This insurance is <u>primar</u> \$ 1,000,000	y and the company shall not be liable fo for each accident, exclusive of legal de	r amounts in excess of
This insurance is <u>primar</u> \$ 1,000,000	y and the company shall not be liable fo for each accident, exclusive of legal de 10/1/2018 , issued on	or amounts in excess of effense costs. The coverage is provided
This insurance is <u>primar</u> \$ 1.000,000 under policy number	y and the company shall not be liable for each accident, exclusive of legal de 00198783181, issued on 10/1/2018	r amounts in excess of fense 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)

Paul B. Doly
(Typed name)

Earl Manager
(Title)

Authorized Representative of

Starr Indemnity and Liability Company

(Name of Insurer)

500 W. Monroe St, 31st Floor, Chicago IL 60661

(Address of Representative)