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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee. Florida 32399-2400 or assistance calRFS任地區2707 Florida Department of Environment Protection

OCT 16 2018

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE ASSISTANCE Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Navigators Specialty insurance Company		
(Name of insur-	er)	
(the "Insurer"), of GO CRC PO Box 59389. Birmingha	am. AL 35259-9689	
(Address of lns	urer)	
hereby certifies that it has issued liability in environmental restoration for sudden accid		odily injury and property damage including
Suttles Truck Leasing. Inc.		
(Name of Insure	ed)	
(the "Insured"), of 2460 Highway 43 S. Demopolis	AL 36732	
(Physical Addre		
in connection with the insured's obligation Administrative Code Rule 62-710.600(2) a		
EPA/DEP I.D. No. Name		Physical Address
ALD095704011 Suttles Truck Le	easing, Inc.	2460 Highway 43 South
		Demopolis, AL 36732
(If coverage is for multiple facilities, identi	ify each facility insu	
This insurance is <u>primary</u> and the company \$1,000,000 for each accident,	shall not be liable f exclusive of legal d	red.)
This insurance is <u>primary</u> and the company \$1,000,000 for each accident,	shall not be liable f	red.) For amounts in excess of
This insurance is <u>primary</u> and the company \$ 1.000.000 for each accident under policy number GA18CGL1136571IC.	shall not be liable f exclusive of legal d issued on 08/01/2018	red.) For amounts in excess of lefense costs. The coverage is provided
This insurance is <u>primary</u> and the company \$\frac{1.000.000}{\text{for each accident,}}\$ under policy number \frac{\text{GA18CGL1136571IC}}{\text{CA18CGL1136571IC}}\$.  The effective date of said policy is \frac{08/01/2018}{\text{CA18CGL172019}}\$.	shall not be liable for exclusive of legal dissued on 08/01/2018	red.) For amounts in excess of lefense costs. The coverage is provided (date)
This insurance is <u>primary</u> and the company \$\frac{1.000.000}{\text{for each accident,}}\$ under policy number \frac{\text{GA18CGL1136571IC}}{\text{CA18CGL1136571IC}}\$.  The effective date of said policy is \frac{08/01/2018}{\text{CA18CGL1136571IC}}\$.	shall not be liable for exclusive of legal dissued on 08/01/2018	red.) For amounts in excess of lefense costs. The coverage is provided (date)
This insurance is primary and the company \$\frac{1.000.000}{\text{for each accident,}} \text{under policy number } \text{GA18CGL1136571IC}  The effective date of said policy is \frac{08/01/2018}{\text{is } \frac{08/01/2019}{\text{date}}} \text{(date)}  This insurance is \text{excess} and the company so \text{for each accide} \text{for each accide} \text{for each accide}	y shall not be liable for exclusive of legal dissued on 08/01/2018  (date)  shall not be liable for ent in excess of the unit, exclusive of legal	red.) For amounts in excess of lefense costs. The coverage is provided (date)  Indicate the expiration date of said policy ramounts in excess of inderlying limit of all defense costs. The coverage is provided The effective date of
The effective date of said policy is 08/01/2018 is 08/01/2019  (date)  This insurance is excess and the company s  for each accide for each accide under policy number	shall not be liable for exclusive of legal dissued on 08/01/2018  (date)  shall not be liable for ent in excess of the unit, exclusive of legal displacement, issued on	red.) For amounts in excess of defense costs. The coverage is provided (date)  Indicate the expiration date of said policy of amounts in excess of inderlying limit of all defense costs. The coverage is provided

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

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - (a) Bankruptey 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.
  - 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)

Joan M. Williams
(Typed name)

Account Manager
(Title)

Authorized Representative of

Navigators Specialty Insurance Company

(Name of Insurer)

10000 Midlantic Drive, Mt. Laurel, NJ 08054

(Address of Representative)

Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 85@EGEIVED
Florida Department of Environmental
Protection

OCT 16 2018

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE Assistance Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER Program

(Name of Insurer)  (the "Insurer"). of 60 CRC PO Box 59386. Birmingham. At 35259-96885  (Address of Insurer)  hereby certifies that it has issued liability insurance covering bodily injury and property damage includicenvironmental restoration for sudden accidental occurrences to  Summes Truok Leasing inc.  (Name of Insured)  (the "Insured"), of 2460 Highway 43 5. Diemopolis. At 36732  (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:  EPA/DEP LD. No.  Name  Physical Address  ALD095704011 Suttles Truck Leasing, Inc.  2460 Highway 43 South  Demopolis, AL 36732   (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	AXIS Surplus insurance Company			
(Address of Insurer)  hereby certifies that it has issued liability insurance covering bodily injury and property damage includicenvironmental restoration for sudden accidental occurrences to  Suttles Truck Leasing inc.  (Name of Insured)  (the "Insured"), of 2460 Highway 43.5. Demosolis. At 36732  (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:  EPA/DEP LD. No. Name Physical Address  ALD095704011 Suttles Truck Leasing, Inc. 2460 Highway 43 South  Demopolis, AL 36732  (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)  (date)  The effective date of said policy is and the expiration date of said policy is 0801/2019  (date)  This insurance is excess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided in excess of the underlying limit of \$4.000.000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number \$6.000.000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number \$6.000.000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number \$6.000.000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number \$6.000.000 for each accident in excess of the underlying limit of \$6.000.000 for each accident in excess of the underlying limit of \$6.000.000 for each accident in excess of the underlying limit of \$6.000.000 for each accident in excess of the underlying limit of \$6.000.000 for each accident exclusive of legal defense costs. The coverage is provided under policy number \$6.000.000 for each	(Name of Ir	isurer)		
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Environmental restoration for sudden accidental occurrences to   Suffies Truck Leasing Inc.  (Name of Insured)  the "Insured"), of 2460 Highway 43 S. Demopolis, Al. 36732  (Physical Address of Insured)  n 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:  EPA/DEP LD. No.  Name  Physical Address  ALD095704011 Suttles Truck Leasing, Inc.  2460 Highway 43 South  Demopolis, AL 36732  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 (date)  The effective date of said policy is and the expiration date of said policy (date)  (date)  This insurance is excess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is provided in the expiration date of said policy is 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided inder policy number EAU768680012018 issued on 080172018 The effective date of said policy is 080172019  and the expiration date of said policy is 080172019				
(Name of Insured)  (The "Insured"), of 2460 Highway 43 S. Demopolis, AL 36732  (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:  EPA/DEP L.D. No. Name Physical Address  ALD095704011 Suttles Truck Leasing, Inc. 2460 Highway 43 South  Demopolis, AL 36732  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		-		e including
the "Insured"), of 2460 Highway 43 S. Democois. AL 36732  (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:  EPA/DEP LD. No. Name Physical Address  ALD095704011 Suttles Truck Leasing, Inc. 2460 Highway 43 South  Demopolis, AL 36732  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	Suttles Truck Leasing inc.			
n 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:    Physical Address   Physical Address   Physical Address   ALD095704011   Suttles Truck Leasing, Inc.   2460   Highway 43   South	(Name of Ir	isured)		
n 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:  EPA/DEP L.D. No. Name Physical Address ALD095704011 Suttles Truck Leasing, Inc. 2460 Highway 43 South  Demopolis, AL 36732  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 (date)  The effective date of said policy is and the expiration date of said policy solutions (date)  This insurance is excess and the company shall not be liable for amounts in excess of 4.000.000 for each accident in excess of the underlying limit of \$1.000.000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number EAU76869001/2018 issued on 801/2018 The effective date of 6801/2018 and the expiration date of said policy is 9801/2019	the "Insured"), of 2460 Highway 43 S. Demor	polis, AL 36732		
Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:  PA/DEP LD. No. Name Physical Address ALD095704011 Suttles Truck Leasing, Inc. 2460 Highway 43 South  Demopolis, AL 36732  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 inder policy number (date)  The effective date of said policy is and the expiration date of said policy (date)  The 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 inder policy number EAU768659001/2018 issued on 08/01/2018 The effective date of said policy is 08/01/2019  [date]	(Physical A	ddress of Insured)		
Demopolis, AL 36732  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 ander policy number	-			1
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 ander policy number	EPA/DEP I.D. No. Na	<u>me</u>	Physical Address	
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	ALD095704011 Suttles Truck	k Leasing, Inc.	2460 Highway 43 S	outh
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 ander policy number	If coverage is for multiple facilities, id	dentify each facility insu	red.)	
(date)  The effective date of said policy is and the expiration date of said policy (date)  S 08/01/2019 (date)  This insurance is excess and the company shall not be liable for amounts in excess of 54,000,000 for each accident in excess of the underlying limit of 61,000,000 for each accident, exclusive of legal defense costs. The coverage is provide under policy number EAU768690/01/2018 issued on 08/01/2018 The effective date of (date)  said policy is 08/01/2018 and the expiration date of said policy is 08/01/2019	This insurance is <u>primary</u> and the comp	pany shall not be liable f dent, exclusive of legal d , issued on	or amounts in excess of efense costs. The coverage is pr	rovided
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(date)  (fhis insurance is excess and the company shall not be liable for amounts in excess of (34,000,000) for each accident in excess of the underlying limit of (31,000,000) for each accident, exclusive of legal defense costs. The coverage is provide under policy number EAU768699/01/2018 issued on 08/01/2018 . The effective date of (date)  said policy is 08/01/2018 and the expiration date of said policy is 08/01/2019	The effective date of said policy is	a (date)	nd the expiration date of said po	licy
This insurance is excess and the company shall not be liable for amounts in excess of 6.4.000.000 for each accident in excess of the underlying limit of 6.1.000,000 for each accident, exclusive of legal defense costs. The coverage is provide and policy number EAU768690/01/2018 issued on 08/01/2018 The effective date of (date) said policy is 08/01/2018 and the expiration date of said policy is 08/01/2019	<u> </u>			
for each accident in excess of the underlying limit of for each accident, exclusive of legal defense costs. The coverage is provide under policy number EAU768690/01/2018 issued on 08/01/2018 . The effective date of (date) said policy is 08/01/2018 and the expiration date of said policy is 08/01/2019	(date)			
and the expiration date of said policy is $\frac{08/01/2018}{08/01/2018}$ , issued on $\frac{08/01/2018}{08/01/2018}$ . The effective date of $\frac{08/01/2018}{08/01/2018}$ and the expiration date of said policy is $\frac{08/01/2019}{08/01/2019}$	5 4,000,000 for each ac-	cident in excess of the u	nderlying limit of	
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said policy is 08/01/2018 and the expiration date of said policy is 08/01/2019	under policy number EAU768690/01/2018			ve date of
	said policy is 08/01/2018		The state of the s	
(data)	(date)	mu me expiration date (	(date)	

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

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.
- 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)

Joan M. Williams

Typed name)

Account Manager

(Title)

Authorized Representative of

**AXIS Surplus Insurance Company** 

(Name of Insurer)

10000 Midlantic Drive, Mt. Laurel, NJ 08054

(Address of Representative)