

**REVIEWED**

By Janet Ashwood at 8:21 pm, Nov 13, 2018

Original completed form to: Department of Environmental Protection  
3900 Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-224-8707

Florida Department of Environmental Protection

NOV 13 2018

Permitting & Compliance Assistance Program

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

1. ACE American Insurance Company

(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106

(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

Safety-Kleen Systems, Inc., also known as Clean Harbors Environmental Services Inc.

(Name of Insured)

(the "Insured"), of 2600 N. Central Expressway, Suite 200 Richardson, TX 75080

(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>
TXR000081205	Safety-Kleen Systems, Inc.,	2600 North Central Expressway, Suite 200 Richardson, TX 75080
FLD984247882	Safety-Kleen Systems, Inc.,	1400 NW 13th Ave., Pompano Beach, FL 33069
FLR000060301	Safety-Kleen Systems, Inc.,	359 Cypress Road, Ocala, FL 34472

(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 \$ \$5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ISAH25271865, issued on 11/01/2018.  
(date)

The effective date of said policy is 11/01/2018 and the expiration date of said policy is 11/01/2019.  
(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 11/01/2019.  
(date) (date)

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)

*Margaret Clemon*  
\_\_\_\_\_  
(Typed name)

*VP*  
\_\_\_\_\_  
(Title)

Authorized Representative of

**ACE American Insurance Company**

\_\_\_\_\_  
(Name of Insurer)

**One Financial Center, 24th Floor, Boston, MA 02111**

\_\_\_\_\_  
(Address of Representative)