Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-2#E879IVED
Florida Department of Environmental
Protection

DEC 28 2018

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE Assistance Program Program

XL Specialty Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 505 Eagle	eview Blvd., Exton, PA 19342	
	(Address of Insurer)	
hereby certifies that it has environmental restoration	s issued liability insurance cove a for sudden accidental occurren	ring bodily injury and property damage includences to
ECOFLO HOLDING, INC.		
	(Name of Insured)	
(the "Insured"), of 2750 PA	TTERSON STREET, GREENSBORO, NC 2	7407
· //	(Physical Address of Insured)	
	sured's obligation to demonstrate 62-710.600(2) and 62-730.17	e financial responsibility under Florida  0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NCD000042422 E	cofle Holding Inc. 2750	Patterson St, Greensboro, NC 274
NOD900042132 E0		
	e facilities, identify each facilit	y insured.)
(If coverage is for multipl	e facilities, identify each facilit	
(If coverage is for multipl This insurance is <u>primary</u> \$ 1,000,000 for each acci	e facilities, identify each facilit and the company shall not be li ident, exclusive of legal defense	able for amounts in excess of ecosts. The coverage is provided
(If coverage is for multipl	e facilities, identify each facility and the company shall not be li	able for amounts in excess of e costs. The coverage is provided
(If coverage is for multipl This insurance is <u>primary</u> \$ 1,000,000 for each acciunder policy number AECO	e facilities, identify each facility and the company shall not be lident, exclusive of legal defense 100514519, issued on 12/31	able for amounts in excess of e costs. The coverage is provided //2018 (date)
(If coverage is for multipl This insurance is <u>primary</u> \$ 1,000,000 for each acci	e facilities, identify each facility and the company shall not be lident, exclusive of legal defense 000514519, issued on 12/31	able for amounts in excess of e costs. The coverage is provided
(If coverage is for multipl This insurance is <u>primary</u> \$ 1,000,000 for each acci under policy number AECO The effective date of said	e facilities, identify each facility and the company shall not be lident, exclusive of legal defense 100514519, issued on 12/31	able for amounts in excess of e costs. The coverage is provided //2018 (date)
(If coverage is for multipl This insurance is <u>primary</u> \$ 1,000,000 for each acci under policy number AECO	e facilities, identify each facility and the company shall not be lident, exclusive of legal defense 000514519, issued on 12/31	able for amounts in excess of e costs. The coverage is provided //2018 (date)
(If coverage is for multiple This insurance is primary \$1,000,000 for each acciunder policy number AECO  The effective date of said is 12/31/2019 (date)  This insurance is excess at \$4,000,000 for	e facilities, identify each facility and the company shall not be lident, exclusive of legal defense on 12/31 policy is 12/31/2018 (date)  Indeed the company shall not be lial each accident in excess of the accident, exclusive of legal deferences.	able for amounts in excess of e costs. The coverage is provided //2018  (date)  and the expiration date of said policy  ble for amounts in excess of underlying limit of use costs. The coverage is provided 12/31/2018  . The effective date
(If coverage is for multiple This insurance is primary \$1,000,000 for each acciunder policy number AECO The effective date of said is 12/31/2019 (date)  This insurance is excess an \$4,000,000 for \$1,000,000 for each accidents and the same and the same accidents are same as \$1,000,000 for each accidents and the same accidents are same accidents.	e facilities, identify each facility and the company shall not be likedent, exclusive of legal defense 100514519, issued on	able for amounts in excess of e costs. The coverage is provided //2018  (date)  and the expiration date of said policy  ble for amounts in excess of underlying limit of use costs. The coverage is provided

- 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 S. Catanese

(Typed name)

Underwriting Manager, Environmental Property & Casualty

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd. Ste 100, Exton PA 19341-1120

(Address of Representative)