By Janet Ashwood at 2:05 pm, Jan 07, 2019

REVIEWED

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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 RECEIVED For ElastidacDeam toou24518707ironmental Protection

DEC 26 2018

STATE OF FLORIDA Permitting & Compliance CERTIFICATE OF LIABILITY INSURANCE Sistance Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Zurich American Insurance Company (Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196-1056 (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

Cliff Berry, Inc. (Name of Insured)

(the "Insured"), of <u>851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316</u> (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 I.D. No. FLD058560699 FLR000083071		Physical Address 3033 NW North River Dr., Miami, FL 33142-6304 3400 SE 9th Ave., Dania Beach, FL 33316
	Cliff Berry, Inc Ft. Pierce	400 Angle Rd., Ft. Pierce, FL 34947-2501
FLR000119792	Cliff Berry, Inc Canaveral	5855 Industrial Dr., Cocoa, FL 32927-4608
FLR000119784	Cliff Berry, Inc Jacksonville	1518 Talleyrand Ave., Jacksonville, FL 32206-5436
FLR000013888	Cliff Berry, Inc.	5218 Saint Paul St., Tampa, FL 33619-6118

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of <u>1,000,000</u> for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>BAP 0274662-01</u>, issued on <u>12/31/2018</u>. (date)

The	effective date of said policy is_	12/31/2018	and the expiration date of said policy
		(date)	
is	12/31/2019		

(date)

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

Page 1 of 2

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.
 - (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 Autorized Representative of Insurer)

__John Harrold (Typed name)

Resident Insurance Agent (Title)

Authorized Representative of

Zurich American Insurance Company
(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309 (Address of Representative)

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Mail	original completed form to:	Department of Environmental 2600 Blair Stone Road, Mail S Tallahassee, Florida 32399-24	Station 4560	For assis a	Florida Deb	RECE 243-878 Protec	9∮ Enviror ction
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]		IFICATE OF LIABIL				A CONTRACTOR OF MANY	riogian
1.		rance Company					
		(Name of Insurer)					
	(the "Insurer"), of	1299 Zurich Way, Schaumb (Address of Insurer)	ourg, IL 60196	6-1056			
		(Address of filsarer)					
	environmental restoratio	as issued liability insurance cover n for sudden accidental occurrence	ing bodily injur ces to	y and prop	perty damage i	ncludin	g
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This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of $\frac{1,000,000}{1,000,000}$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>GPL 0274654-01</u>, issued on <u>12/31/2018</u>. (date)

The effective date of said policy is 12/31/2018 and the expiration date of said policy (date) 12/31/2019 is (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 (date) and the expiration date of said policy is said policy is (date) (date)

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DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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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)

John Harrold (Typed name)

Resident Insurance Agent (Title)

Authorized Representative of

Steadfast Insurance Company (Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309 (Address of Representative)