Mail original completed form to:

1.

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

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE

For assistance call: 850-245-8707

RECEIVED Florida Department of Environmental Protection

JAN 1 4 2019

Program

## HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER & Compliance

Starr Surplus Lines Insurance (			
	(Name of Insurer)		
(the "Insurer"), of 399 P	ark Avenue, 2nd Floor, New York, I	NY 10022	
	(Address of Insurer)		
hereby certifies that it environmental restorat	has issued liability insuration for sudden accidenta	ance covering bodily injul	iry and property damage including
Stranco, LLC			
	(Name of Insured)		
(the "Insured"), of 7045	9 Highway 59, Abita Springs, LA 7	0420	
,,	(Physical Address o		
Administrative Code R		emonstrate financial resp (2-730.170). The coverag	
EPA/DEP I.D. No.	<u>Name</u>		Physical Address
LAD980796629	Stranco, LLC	70459 Hwy 59,	Abita Springs, LA 70420
(If coverage is for mult	iple facilities, identify ea	ach facility insured.)	
This insurance is prima	urv and the company shal	Il not be liable for amour	nts in excess of
\$ 1,000,000	for each accident, exc	lusive of legal defense co	osts. The coverage is provided
under policy number	, issue	ed on 12/31/18 (date)	
		(date)	
The effective date of sa			piration date of said policy
is 12/31/19	(d	ate)	
(date	)		
			in evene of
This insurance is exces	s and the company shall	not be lighte for amount	
\$ \$	for each accident in for each accident, e	excess of the underlying xclusive of legal defense	limit of costs. The coverage is provided
This insurance is <u>exces</u> \$\$ under policy number	for each accident in for each accident, e	excess of the underlying xclusive of legal defense issued on	; limit of
	for each accident in for each accident, e.	excess of the underlying xclusive of legal defense	glimit of costs. The coverage is provid The effective date

(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 A	authorized Representative of Insurer)
Rod King	
Typed name)	
National Pi	ractice Leader
Title)	
Authorized Rep	presentative of
Starr Surpl	us Lines Insurance Company
Name of Insur	rer)
399 Park A	venue, 2nd Floor, New York, NY 10022
Address of Re	presentative)

Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8703 RECEIVED

Permitteney and

Florida Department of Environmental Protection

JAN 14 2019

## STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730,170.

The coverage applies at: EPA/DEP I.D. No. Name Physical Address LAD980796627 Stranco, LLC 70459 Highway 59, Abita Springs LA 70420 (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 \$ 1,000,000 for each accident, exclusive of the legal defense costs. 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 insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a)

- through (d): Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations
- The Insurer is liable for the payment of amounts within any deductible applicable to the (b) policy, with a right of reimbursement by the insured for any such payment made by the Insurer.

under the policy to which this endorsement is attached.

- 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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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2600 Blair Stone Road, Mail Station 4560

For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

(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.

	Attached to and forming part of policy No issued by	
Sta	rr Surplus Lines Ins Company, herein called the Insurer, of	
	[Name of Insurer]	
399	9 Park Avenue, 2nd Floor, New York, NY 10022	to
	[Address of Insurer]	()**
Str	anco, LLC	of
	[Name of Insured]	
	70459 Highway 59, Abita Springs, LA 70420	
	[Physical Address of Insured]	
this	$\frac{31}{\text{(Day)}} \text{day of } \frac{12}{\text{(Month)}}, 20 \frac{18}{\text{(Year)}}.$	
The	effective date of said policy is $\frac{31}{\text{(Day)}}$ day of $\frac{12}{\text{(Month)}}$ , $20\frac{18}{\text{(Year)}}$	
	expiration date of said policy is $\frac{31}{(Day)}$ day of $\frac{12}{(Month)}$ , $20\frac{19}{(Year)}$ .	

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 or more states including Florida.

[Signature of Authorized Representative of Insurer]	
Rod King	
[Type Name]	
National Practice Leader	
[Title]	
Authorized Representative of	
Starr Surplus Lines Insurance Company	
[Name of Insurer]	
399 Park Avenue, 2nd Floor, New York, NY 10022	
[Address of Representative]	