Mail original completed form to:

1.

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

JAN 15 2019

STATE OF FLORIDA Permitting & Compliance
CERTIFICATE OF LIABILITY INSURA NCE Assistance Program
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Federated Service Insurance Company		
(	Name of Insurer)	
(the "Insurer"), of P.O. Box 328	, Owatonna, MN 55060	
	Address of Insurer)	
	sued liability insurance covering bo or sudden accidental occurrences to	odily injury and property damage including
Dupre Logistics, LLC		
(	Name of Insured)	
(the "Insured"), of 201 Energy	Parkway, Suite 500, Lafayette, LA 70508	
	Physical Address of Insured)	
	ed's obligation to demonstrate finan 2-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	Name	Physical Address
LAR 000 045 963	Dupre Logistics, LLC	201 Energy Parkway, Ste. 50
		1)
This insurance is <u>primary</u> ar	, issued on 09/06/2018	
The effective date of said po	olicy is 10/01/2018 at	nd the expiration date of said policy
	(date)	
is 10/01/2019		
(date)		
	the company shall not be liable for	
	for each accident in excess of the un	
		defense costs. The coverage is provided
under policy number 9325216	issued on 09/06/20	
said policy is 10/01/2018	and the expiration date of	(date) of said policy is 10/01/2019
(date)	and the expitation date (	(date)

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 Authorized Representative of Insurer)

## Eric Hathorn

(Typed name)

## Area President

(Title)

Authorized Representative of

## Federated Service Insurance Company

(Name of Insurer)

900 E. St. Mary Blvd., Ste. 112, Lafayette, LA 70503

(Address of Representative)