

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

For assistance call: 850-245-8707  
Florida Department of Environmental Protection

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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

Action Environmental, LLC

(Name of Insured)

(the "Insured"), of 204 20th Street North, Birmingham, AL 35203

(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>      |
|-------------------------|----------------------------------|------------------------------|
| <u>ALR000056689</u>     | <u>Action Environmental, LLC</u> | <u>204 20th Street North</u> |
|                         |                                  | <u>Birmingham, AL 35203</u>  |

(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  
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number ISAH25273758, issued on 09/30/2018.  
(date)

The effective date of said policy is 09/30/2018 and the expiration date of said policy  
(date)  
is 09/30/2019.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 2,000,000 for each accident in excess of the underlying limit of  
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is 09/30/2019.  
(date) (date)

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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)

**Bonnie Barham**

(Typed name)

**VP, Underwriting Manager, Global Casualty**

(Title)

Authorized Representative of

**ACE American Insurance Company**

(Name of Insurer)

**2001 Bryan St, STE 3500, Dallas, TX 75201**

(Address of Representative)