Mail original completed form to:

1.

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

JAN 24 2019

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

Alked World Surplus Lines Insurar	nce Company	
	(Name of Insurer.)	
(the "Insurer"), of 1690 Ne	w Britain Avenue, Suite 101, Farmington, CT 0603.	2
Appellia a pilicia a construir de la construir	(Address of Insurer)	
	s issued liability insurance covering n for sudden accidental occurrences	bodily injury and property damage including to
JJ Metal Services, Inc		
***************************************	(Name of Insured)	
(the "Insured"), of 2300 M	/ 80th Street, Bay 2, Hisleah, FL 33016	
, , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)	
	swed's obligation to demonstrate fulle 62-710.600(2) and 62-730.170.	
EPA/DEP LD. No.	Name	Physical Address
FLR000221192	JJ Metal Services Inc	2300 W 80th Street, Bay 2, Hiale
If coverage is for multip	ole facilities, identify each facility in	sured.)
5 1,000,000	y and the company shall not be liable for each accident, exclusive of lega 7-1807-01 . issued on 11/07/201	l defense costs. The coverage is provided
		(date)
The effective date of said s 11/07/2019	I policy is 11/072018 (date)	and the expiration date of said policy
(date)	and the same of th	
This insurance is <u>excess</u> . 5 N/A 5 N/A under policy number N/A	and the company shall not be liable for each accident in excess of the for each accident, exclusive of le , issued on NA	underlying limit of gal defense costs. The coverage is provided
enid maliav is N/A	and the armination dat	(date)
said policy is N/A (date)	and the expiration dat	e of said policy is NIA (date)

For assistance call: 850-245-8707

- 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)

Jose M. Garcia

(Typed name)

Agent

(Title)

Authorized Representative of

Allied World Surplus Lines Insurance Company

(Name of Insurer)

55 Merrick Way, Suite 214, Coral Gables, FL 33134

(Address of Representative)