

**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8707

RECEIVED  
Florida Department of Environmental  
Protection  
**JUL 05 2018**

**EPA ID:** F L D 9 8 4 1 7 1 2 5 6Please use the instructions document to complete this form  
**Permitting & Compliance  
Assistance Program****1. Reason for  
Submittal**

(all submitters must  
complete pages 1 and 2  
and sign page 5.)

Pages 3 and 4, - com-  
plete as applicable)

**Mark 'X' in  
the correct box:**

(must choose one  
if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide subsequent notification (to update status and facility identification information).
- ☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

**FL Registration(s)** ☒ UW Mercury (see page 3) ☒ HW Transporter (see page 4) ☒ Used Oil (see page 4)**2. Facility or  
Business Name****Clean Fuels of Florida, Inc.****3. Facility  
Operator**

(List additional Opera-  
tors in the comments  
section).

**Name of Operator:****Clean Fuels of Florida, Inc.****Date became Operator:** 05 / 01 / 87☐ New Operator mm dd yy**Street or P.O. Box:****2635 NE 4th Avenue****Phone Number:****954-791-9588****City or Town:****Pompano Beach****State:****Florida****Zip Code:****33064****Country (if not USA):****USA****Operator Type:**☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other**4. Facility  
Physical  
Location  
Information  
(No P.O. Boxes)**

☒ Same address as  
#3 above or:

**Physical Street Address:**☐ Vessel**City or Town:****State:****Zip Code:****County:****Broward****Country (if not USA):****5. Facility North American Industry  
Classification System (NAICS)  
Code(s) (at least 5 digits)****A.** 5 6 2 1 1 (required)**B.** **C.** **D.** **6. Facility or  
Business  
Mailing Address**☒ Same address as # 3 above or: **Street or P.O. Box:****City or Town:****State:****Zip/Postal Code:****Country (if not USA):****7. Facility or  
Business  
RCRA  
Contact Person**

☒ Same address as  
# 3 above or:

**First Name:****Barry****Last Name:****Fernandez****Title:****President****Phone Number:****954-791-9588****Extension:****E-Mail:****barry@clean-fuels.net****Fax:****954-791-9366****Street or P.O. Box:****2635 NE 4th Avenue****City or Town:****Pompano Beach****State:****FL****Zip Code:****33064****Country (if not USA):****USA****8. Real Property  
(FL Land) Owner  
of the Facility's  
Physical Location  
(List additional  
owners in the com-  
ments section.)**

☒ Same address as  
# 3 above or:

**Name of Owner:****Desert Rose Environmental Services, Inc.****Date became Owner:** 08 / 30 / 2004☐ New Owner mm dd yy**Street or P.O. Box:****2635 NE 4th Avenue****Phone Number:****954-791-9588****City or Town:****Pompano Beach****State:****FL****Zip Code:****33064****Country (if not USA):****USA****Owner Type:**☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):****(A) (1) Generator of Hazardous Waste**

☒ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

- ☐ a. **Large Quantity Generator (LQG):**  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

- ☒ b. **Small Quantity Generator (SQG):**  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)

- ☐ c. **Conditionally Exempt SQG (CESQG):**  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. Short-Term Generator (one-time, not on-going)  
☐ e. Episodic: Not more than one-time per year: \_\_ SQG \_\_ LQG  
☐ f. United States Importer of hazardous waste  
☐ g. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD  
☐ b. Operating Non-Commercial TSD  
☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**

Specify: ☐ Commercial ☐ Non-Commercial.

Note: A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities**

Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

**(6) Receives Hazardous Waste from Off-Site****(7) Underground Injection Control****10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

<sup>1</sup> D001	<sup>2</sup> D002	<sup>3</sup> D003	<sup>4</sup> D004	<sup>5</sup> D005	<sup>6</sup> D006	<sup>7</sup> D007
<sup>8</sup> D008	<sup>9</sup> F001	<sup>10</sup> F002	<sup>11</sup> F003	<sup>12</sup> F004	<sup>13</sup> F005	<sup>14</sup> F006
<sup>15</sup> F007	<sup>16</sup> F008	<sup>17</sup> F009	<sup>18</sup> F010	<sup>19</sup> F011	<sup>20</sup> F012	<sup>21</sup> FULL LIST ATTACHED

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

**(B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)

- ☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will  
☐ (2) Out of Business - Business closed on \_\_\_\_\_ (date)

☐ **(C) Property Tax Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input checked="" type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
	Street or P.O. Box:				
	City or Town:		State:(Country):	Zip Code:	

**12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):**

**A. Federal Notification**

☒ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

Accumulates: ☒ a. UW Batteries ☐ b. Pesticides ☒ c. Pharmaceuticals  
☒ d. Mercury Containing Devices ☒ e. Mercury Containing Lamps

☐ **Destination Facility for UW** Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- ☒ Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☒ Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☒ Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])
- ☒ Florida Universal Pharmaceutical Waste (UPW) Transporter

**C. Florida Annual Mercury Handler Registration:**

**For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).**

**If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.**

**(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities**

☐ First time registering ☒ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required
<input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	
<input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	
<input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	
<input checked="" type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee + More Requirements (contact FDEP)
<input checked="" type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	

**(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)**

☐ First time registering ☐ Renewal

Annual Registration  
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).

**Universal Waste Handler - lamps, devices, batteries, pharmaceuticals**  
**DBPR Licensed: Restricted Rx Distributor - Drugs, Devices & Cosmetics (DDC)**

**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☒ Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

**Hazardous Waste and Used Oil Transporter Registrations**

EPA ID No. : FLD984171256

**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.** Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

**This facility is a registered transporter of hazardous waste.**

**This form is:** ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☒ 2. For commercial purposes ☒ 3. Both commercial and own waste

**4. Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume \_\_\_\_\_

**This form is:** ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

**Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.**

**The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):**

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.):]**

**15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),**

**Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register** with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

**This form is:** ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

**(1) Used Oil Transporter - mark activities: (occurring in Florida)**

☒ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

**(6) Used Oil Filter Management (must annually register)**

☐ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.**

**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

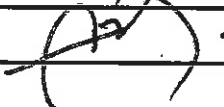
☐ The used oil annual report is attached ☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

SEE ATTACHMENT FOR CONTINUATION OF WASTE CODES

**17. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Barry Fernandez, President	<input checked="" type="checkbox"/>	06-08-2018
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

Barry Fernandez

954-791-9588

barry@clean-fuels.net

(Name of person completing this form)

(Phone Number)

(E-mail Address)

Form 8700-12FL (continuation sheet)  
Continued from Section 10. Hazardous Waste Codes

EPA ID: FLD984171256  
Clean Fuels of Florida, Inc.

D001	F004	K023	K099	K175	P046	P105	U012	U063	U114	U163	U216
D002	F005	K024	K100	K176	P047	P106	U014	U064	U115	U164	U217
D003	F006	K025	K100	K177	P048	P108	U015	U066	U116	U165	U218
D004	F007	K026	K101	K178	P049	P109	U016	U067	U117	U166	U219
D005	F008	K027	K102	K181	P050	P110	U017	U068	U118	U167	U220
D006	F009	K028	K103		P051	P111	U018	U069	U119	U168	U221
D007	F010	K029	K104		P054	P112	U019	U070	U120	U169	U222
D008	F011	K030	K105	P001	P056	P113	U020	U071	U121	U170	U223
D009	F012	K031	K106	P002	P057	P114	U021	U072	U122	U171	U225
D010	F019	K032	K107	P003	P058	P115	U022	U073	U123	U172	U226
D011	F020	K033	K108	P004	P059	P116	U023	U074	U124	U173	U227
D012	F021	K034	K109	P005	P060	P118	U024	U075	U125	U174	U228
D013	F022	K035	K110	P006	P062	P119	U025	U076	U126	U176	U234
D014	F023	K036	K111	P007	P063	P120	U026	U077	U127	U177	U235
D015	F024	K037	K112	P008	P064	P121	U027	U078	U128	U178	U236
D016	F025	K038	K113	P009	P065	P122	U028	U079	U129	U179	U237
D017	F026	K039	K114	P010	P066	P123	U029	U080	U130	U180	U238
D018	F027	K040	K115	P011	P067	P127	U030	U081	U131	U181	U239
D019	F028	K041	K116	P012	P068	P128	U031	U082	U132	U182	U240
D020	F032	K042	K117	P013	P069	P185	U032	U083	U133	U183	U243
D021	F034	K043	K118	P014	P070	P188	U033	U084	U134	U184	U244
D022	F035	K044	K123	P015	P071	P189	U034	U085	U135	U185	U246
D023	F037	K045	K124	P016	P072	P190	U035	U086	U136	U186	U247
D024	F038	K046	K125	P017	P073	P191	U036	U087	U137	U187	U248
D025	F039	K047	K126	P018	P074	P192	U037	U088	U138	U188	U249
D026		K048	K131	P020	P075	P194	U038	U089	U140	U189	U271
D027		K049	K132	P021	P076	P196	U039	U090	U141	U190	U278
D028	K001	K050	K136	P022	P077	P197	U041	U091	U142	U191	U279
D029	K002	K051	K141	P023	P078	P198	U042	U092	U143	U192	U280
D030	K003	K052	K142	P024	P081	P199	U043	U093	U144	U193	U328
D031	K004	K060	K143	P026	P082	P201	U044	U094	U145	U194	U353
D032	K005	K061	K144	P027	P084	P202	U045	U095	U146	U196	U359
D033	K006	K062	K145	P028	P085	P203	U046	U096	U147	U197	U364
D034	K007	K069	K147	P029	P087	P204	U047	U097	U148	U200	U367
D035	K008	K071	K148	P030	P088	P205	U048	U098	U149	U201	U372
D036	K009	K073	K149	P031	P089		U049	U099	U150	U202	U373
D037	K010	K083	K150	P033	P092		U050	U101	U151	U203	U387
D038	K011	K084	K151	P034	P093	U001	U051	U102	U152	U204	U389
D039	K013	K085	K156	P036	P094	U002	U052	U103	U153	U205	U394
D040	K014	K086	K157	P037	P095	U003	U053	U105	U154	U206	U395
D041	K015	K087	K158	P038	P096	U004	U055	U106	U155	U207	U404
D042	K016	K088	K159	P039	P097	U005	U056	U107	U156	U208	U409
D043	K017	K093	K161	P040	P098	U006	U057	U108	U157	U209	U410
	K018	K094	K169	P041	P099	U007	U058	U109	U158	U210	U411
	K019	K095	K170	P042	P101	U008	U059	U110	U159	U211	
F001	K020	K096	K171	P043	P102	U009	U060	U111	U160	U213	
F002	K021	K097	K172	P044	P103	U010	U061	U112	U161	U214	
F003	K022	K098	K174	P045	P104	U011	U062	U113	U162	U215	

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

RECEIVED  
ENVIRONMENTAL PROTECTION

JAN 02 2018

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

PERMITTING & COMPLIANCE  
ASSISTANCE PROGRAM

I. Admiral Insurance Company  
(Name of Insurer)

(the "Insurer"), of 2000 S. Colorado Blvd. Tower II, Suite 800 Denver, CO  
(Address of Insurer) 80222

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Clean Fuels of Florida, Inc.  
(Name of Insured)

(the "Insured"), of 2635 NE 4th Ave. Pompano Beach, FL 33064  
(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.	Name	Physical Address
FLD 984171256	Clean Fuels of Florida, Inc.	2635 NE 4th Ave. Pompano Beach, FL 33064

(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 legal defense costs. The coverage is provided under policy number FEL-ECC-10951-05, issued on 9/20/2017.  
(date)

The effective date of said policy is 9/20/2017 and the expiration date of said policy is 9/20/2018.  
(date) (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 said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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.

x:   
(Signature of Authorized Representative of Insurer)

Brandon Strickler  
(Typed name)

Senior Production Underwriter  
(Title)

Authorized Representative of

Admiral Insurance Company  
(Name of Insurer)

2000 S. Colorado Blvd. Denver, CO 80222  
(Address of Representative)