Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance patt: 1850-245: 187.03/mental Protection

JAN 30 2019

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

Homeland Insurance Company	of New York	
	(Name of Insurer)	
(the "Insurer"), of 1000 V	Voodbury Road, Suite 403, Woodbury NY 11797	
	(Address of Insurer)	
	nas issued liability insurance covering be on for sudden accidental occurrences to	odily injury and property damage includin
Care Environmental Corp		
	(Name of Insured)	
(the "Insured"), of 1620	Rt 57 Unit A, Hackettstown NJ 07840	
(110 111541-04 ), 01	(Physical Address of Insured)	
	insured's obligation to demonstrate final ule 62-710.600(2) and 62-730.170. The	
EPA/DEP I.D. No.	Name	Physical Address
NJR986651743	Care Environmental Corp	1620 NJ 57 Unit A,
(If coverage is for mult	iple facilities, identify each facility insu	red.)
This insurance is <u>prima</u> \$_1,000,000 under policy number		For amounts in excess of defense costs. The coverage is provided (date)
TL	.:	
The effective date of sa	(date)	nd the expiration date of said policy
is 07/31/2019	, , , , , , , , , , , , , , , , , , ,	
(date	)	
\$ 5,000,000 \$ 5,000,000	s and the company shall not be liable fo for each accident in excess of the u for each accident, exclusive of lega	nderlying limit of
under policy number 79		
	30067090001 , issued on 07/31/20	. The effective date of
said policy is 07/31/2018		

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)
Lee Jorge
(Typed name)
President
(Title)
Authorized Representative of
Homeland Insurance Company of New York
(Name of Insurer)
1000 Woodbury Road, Suite 403, Woodbury NY 11797
(Address of Representative)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dale Group PO Box 6 Florham Park NJ 07932	CONTACT Danielle Spann PHONE (A/C, No, Ext): 973-377-7000  E-MAIL ADDRESS: danielles@dalegroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : Atlantic Specialty Ins Co.	27154				
INSURED CAREENV-01	INSURER B : Aspen Specialty Ins. Co	10717				
Care Environmental Corp. 1620 Route 57	INSURER c : Homeland Insurance Company of New York	34452				
Unit A	INSURER D :					
Hackettstown NJ 07840	INŞURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 628753194

## **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

1	INSR ADDLISUBRI POLICY EFF POLICY EFF POLICY EFF POLICY EXP								
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	X	COMMERCIAL GENERAL LIABILITY	Υ	Y	7930067080001	7/31/2018	7/31/2019	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	X	MCS90 Included						MED EXP (Any one person)	\$ 5,000
	Х	Pollution Liab						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	Υ	Υ	7930067070001	7/31/2018	7/31/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Х	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								Hired Physical Damage	\$ 150,000
С		UMBRELLA LIAB X OCCUR	Y	Y	7930067090001	7/31/2018	7/31/2019	EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE DED RETENTION \$							AGGREGATE	\$5,000,000
									\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER OTH- STATUTE ER	
			N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
В	B Equipment Floater				IMZ395918	4/11/2018	4/11/2019	Leased/Rented	\$25,000
							RE	CEIVED	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required entry in the state of the control of th

Protection

JAN 30 2019

Permitting & Compliance Assistance Program

С	ER	TIF	IC/	٩TI	EΗ	IOL	DER

## **CANCELLATION**

Florida Department of Environmental Protection Bureau of Solid & Hazardous Materials 2600 Blairstone Road MS 4560 Tallahassee FL 32399 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPR

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