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



FEB 20 2019

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

Permitting & Compliance Assistance Program

Zurich American Insurance Com	ipany	
	(Name of Insurer)	
(the "Insurer"), of 1400) American Lane, Schaumburg, IL 60196	
	(Address of Insurer)	
hereby certifies that it environmental restora	t has issued liability insurance cover tion for sudden accidental occurren	ring bodily injury and property damage includin
Shamrock Environmental Corpor	ration	
	(Name of Insured)	
(the "Insured"), of 6100	6 Corporate Park Drive, Browns Summit, NC 27214	
	(Physical Address of Insured)	
Administrative Code 1	Rule 62-710.600(2) and 62-730.170	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
NC0000942144	Shamrock Environmental (Corp
-		
(If coverage is for mul	Itiple facilities, identify each facility	/ insured.)
This insurance is <u>prim</u> \$1,000,000	ary and the company shall not be liated for each accident, exclusive of let	able for amounts in excess of
		egal defense costs. The coverage is provided
under policy number E	BAP3433313 , issued on 10/01/2	egal defense costs. The coverage is provided
	, issued on 10/01/2	egal defense costs. The coverage is provided
	said policy is 10/01/2018	egal defense costs. The coverage is provided
The effective date of s	, issued on 10/01/2	egal defense costs. The coverage is provided (date)
The effective date of s	said policy is 10/01/2018 (date)	egal defense costs. The coverage is provided (date)
The effective date of s is 10/01/2019 (date This insurance is excess	said policy is $\frac{10/01/2018}{}$ (date) ss and the company shall not be liab	egal defense costs. The coverage is provided (date) and the expiration date of said policy ple for amounts in excess of
The effective date of s is 10/01/2019 (date	said policy is 10/01/2018 (date) e) ss and the company shall not be liable for each accident in excess of	egal defense costs. The coverage is provided (date) and the expiration date of said policy tole for amounts in excess of the underlying limit of
The effective date of s is $\frac{10/01/2019}{}$ (date This insurance is excess \$1,000,000	said policy is 10/01/2018 (date) ss and the company shall not be liable for each accident in excess of for each accident, exclusive of	egal defense costs. The coverage is provided (date) and the expiration date of said policy the underlying limit of flegal defense costs. The coverage is provided 0001/2018 The effective date of
The effective date of s s 10/01/2019 (date This insurance is excess 1,000,000 8,1,000,000	said policy is 10/01/2018 (date) e) ss and the company shall not be liab for each accident in excess of for each accident, exclusive of KLV2EFX100236, issued on 19	egal defense costs. The coverage is provided (date) and the expiration date of said policy ole for amounts in excess of the underlying limit of Flegal defense costs. The coverage is provided

(date)

(date)

- 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)	_
Amy Summers	
(Typed name)	
Commercial Account Analyst	

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

(Title)

628 Green Valley Rd., #306, Greensboro, NC 27408

(Address of Representative)

Mail original completed form to:

1.

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



FEB 20 2019

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

Zurich American Insurance Compa	any	
	(Name of Insurer)	
(the "Insurer"), of 1400 A	merican Lane, Schaumburg, IL 60196	
	(Address of Insurer)	
hereby certifies that it lenvironmental restoration	nas issued liability insurance cove on for sudden accidental occurre	ering bodily injury and property damage includin
Shamrock Environmental Corporat	ion	
	(Name of Insured)	
(the "Insured") of 61060	Corporate Park Drive, Browns Summit, NC 27214	
((Physical Address of Insured)	
in connection with the i Administrative Code R	insured's obligation to demonstratule 62-710.600(2) and 62-730.17	te financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NC0000040444 C	Shamrock Environmental	•
(If coverage is for multi	ple facilities, identify each facilit	y insured.)
\$ 1,000,000	ry and the company shall not be l for each accident, exclusive of l	egal defense costs. The coverage is provided
under policy number MK	issued on 10/01.	(date)
The effective date of sai	id policy is 10/01/2018 (date)	and the expiration date of said policy
S 10/01/2019	(uate)	
(date)		
This insurance is excess		
		ble for amounts in excess of
1,000,000	and the company shall not be lia	ble for amounts in excess of the underlying limit of
\$ 1,000,000 \$ 1,000,000	and the company shall not be lia for each accident in excess of for each accident, exclusive o	the underlying limit of
\$ 1,000,000	and the company shall not be lia for each accident in excess of for each accident, exclusive o	the underlying limit of flegal defense costs. The coverage is provided . The effective date of
5 1,000,000 5 1,000,000 under policy number ^{MKL}	and the company shall not be lia for each accident in excess of for each accident, exclusive o	the underlying limit of flegal defense costs. The coverage is provided 10/01/2018 The effective date of (date)
5 1,000,000 5 1,000,000	and the company shall not be lia for each accident in excess of for each accident, exclusive o	the underlying limit of flegal defense costs. The coverage is provided The effective date of

- 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)	
(Signature of Authorized Representative of Insurer)	
Amy Summers	

Commercial Account Analyst

(Title)

(Typed name)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

628 Green Valley Rd., #306, Greensboro, NC 27408

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to

1	the terms and conditions of the policy certificate holder in lieu of such endor	, cer sem	tain ¡ ent(s	policies may require an e).	ndorse	ment. A sta	tement on t	his certificate do	es not d	confer i	ights to the	
	ODUCER				CONTA	CT Amy Sum	mers					
Scott Ins (Greensboro)					PHONE							
628 Green Valley Road Ste. 306 Greensboro NC 27408					I F-MAII				(A/C, No): 434-455-8965			
Ο.	1991199919119 27 400			ADDRESS: asummers@scottins.com								
					INSURER(S) AFFORDING COVERAGE					NAIC#		
INIS	URED	SHAM	IR-9		INSURER A: Zurich American Insurance Company (A+)						16535	
	namrock Environmental Corporation	O1 1, til			INSURE	RB: Evansto	n Insurance	Company (A)			35378	
De	ennis Snead				INSURE	RC:						
61	06 Corporate Park Drive				INSURER D:							
ВГ	owns Summit NC 27214				INSURER E:							
					INSURE	RF:						
	OVERAGES CER	TIFI	CATE	NUMBER: 752217779				REVISION NUM	BER:			
E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI EERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH	LDECDE	OT TO 1	ARRIGHT THOUSA	
NSF LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y		GLO 3433314		10/1/2018	10/1/2019	EACH OCCURRENCE DAMAGE TO RENTE	E D	\$ 1,000,0		
	X Contractual Liab							PREMISES (Ea occur				
	X X.C.U.							MED EXP (Any one po				
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV IN		\$ 1,000,0		
	POLICY X PRO- LOC							GENERAL AGGREGA				
	OTHER:							PRODUCTS - COMP/	OP AGG	\$ 2,000,0	00	
A	AUTOMOBILE LIABILITY	Y		BAP 3433313		10/1/2018	40/4/0040	COMBINED SINGLE I	TIMIL	\$		
	V			DAI 0400010		10/1/2018	10/1/2019	(Ea accident)		\$ 1,000,0	00	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per	person)	\$		
	AUTOS AUTOS							BODILY INJURY (Per		\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	i .	\$		
_	X Comp \$500 X Coll\$1,000							Endorsement		\$ MCS-90)	
В	UMBRELLA LIAB X OCCUR	Υ		MKLV2EFX100236		10/1/2018	10/1/2019	EACH OCCURRENCE	Ξ	\$ 9,000,0	00	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ 9,000,0	00	
	DED X RETENTION \$ 0									\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 3433312		10/1/2018	10/1/2019	X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE				- 1			E.L. EACH ACCIDENT		\$ 1,000,0	00	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EN				
	If yes, describe under DESCRIPTION OF OPERATIONS below											
В	Prof. Pollution Liability			MKLV2ENV100875		10/1/2018	10/1/2019	E.L. DISEASE - POLIC Occ: \$10,000,000	Y LIMIT	\$ 1,000,0		
	Site Pollution					10/1/2010	10/1/2013	Occ: \$10,000,000		Agg. \$1	0,000,000 0,000,000	
Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL tifficate Holder is additional insured as re	ES (A	cord ts Ge	101, Additional Remarks Schedu neral Liability, Auto and Ex	cess Li	ability as requ	e space is requi uired by a wri	red) tten contract.				
<u>-Cl</u>	RTIFICATE HOLDER				CANCELLATION							
					SHOU	JLD ANY OF TI	HE ABOVE DE	SCRIBED POLICIES	S BE CAI	NCELLEI	D BEFORE	

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

State of Florida Dept. of Environmental Protection 2600 Blair Stone Road Tallahassee FL 32399-2400

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2019

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	tificate holder in lieu of such endo		(0	CO	NTACT Amus Sum	MA O #O					
Scott Ins (Greensboro)					NAME: Amy Summers PHONE LAIC, No. Extl. 336-510-0075 (AIC, No.): 434-455-8965						
628 Green Valley Road Ste. 306 Greensboro NC 27408				L(A/C	No. Ext): 330-51		- White 2	434-45	5-8965		
Giee	511SD010 NC 27406				ADDRESS: asummers@scottins.com						
							RDING COVERAGE		NAIC#		
INSURED SHAMR-9							rance Company (A+)		16535		
	nrock Environmental Corporation			INS	URER B : Evansto	n Insurance	Company (A)		35378		
	nis Snead			INS	INSURER C:						
o TUb Brow	Corporate Park Drive			INS	JRER D :						
DIOV	7/13 Odminit (40 2/2/4			INS	JRER E :						
2014	-04050				JRER F:						
	ERAGES CERTIFY THAT THE POLICE	RTIFIC	CATE	NUMBER: 752217779			REVISION NUMBER:				
CEF	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	NT, FERM OR CONDITION OF THE INSURANCE AFFORDED E LIMITS SHOWN MAY HAVE BEE	ANY CONTRACT BY THE POLICIE IN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO S.	OT TO I	ARRIOLI TURO		
ISR TR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
A (CLAIMS-MADE X OCCUR	Y		GLO 3433314	10/1/2018	10/1/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,0			
)	Contractual Liab						PREMISES (Ea occurrence)	\$ 10,000	0		
	X.C.U.								.000,000		
G	SEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE				
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,0			
	OTHER;						TROBOOTS COMPTOR AGG	\$ 2,000,000			
A A	UTOMOBILE LIABILITY	Υ		BAP 3433313	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT				
>	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$ 1,000.0 \$	100		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	\$			
>	Comp \$500 X Coll\$1,000						(Per accident) Endorsement	\$ MCS-90			
3	UMBRELLA LIAB X OCCUR	Υ		MKLV2EFX100236	10/1/2018	10/1/2019	EACH OCCURRENCE				
>							AGGREGATE	\$ 9,000,000			
	DED X RETENTION \$ 0						AGGREGATE	\$ 9,000,0	00		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY			WC 3433312	10/1/2018	10/1/2019	X PER OTH-	Φ			
AN	Y PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,0	00		
(M	FICER/MEMBER EXCLUDED? N andatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE				
If y	res, describe under ESCRIPTION OF OPERATIONS below							\$ 1,000,0			
3 Pi	rof. Pollution Liability te Pollution			MKLV2ENV100875	10/1/2018	10/1/2019			0,000,000		
	te Foliquon						Occ: \$10,000,000	Agg. \$1	0,000,000		
Si											
Si											

State of Florida Dept. of Environmental Protection 2600 Blair Stone Road Tallahassee FL 32399-2400

AUTHORIZED REPRESENTATIVE

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