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

DEC 27 2018

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

National Union Fire Insura		
	(Name of Insurer)	
(the "Insurer"), of	525 W. Monroe Street, Suite 700, Chicago, IL 60661	
,,	(Address of Insurer)	
	t it has issued liability insurance cove	ring bodily injury and property damage includes to
Veolia ES Technical Solut	ions, LLC	
	(Name of Insured)	
(the "Insured"), of	53 State Street, 14th Floor, Boston, MA 02109	
,,	(Physical Address of Insured)	3
	the insured's obligation to demonstrat de Rule 62-710.600(2) and 62-730.17	e financial responsibility under Florida  0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD08063136	9 Veolia ES Technical Soluti	ons, LLC 1 Eden Lane, Flanders
FL0000207449	Veolia ES Technical Solution	
FL0000207449	9 Veolia ES Technical Solutio	ons, LLC 342 Marpan Lane, Tallahassee, FL
(If coverage is for	multiple facilities, identify each facilities and the company shall not be lefor each accident, exclusive of	Tallahassee, FL  y insured.)  iable for amounts in excess of legal defense costs. The coverage is providentely
(If coverage is for This insurance is p \$ 5,000,000 under policy numb	multiple facilities, identify each facilities and the company shall not be lefor each accident, exclusive of er CA 976-74-18, issued on 1/1/2	Tallahassee, FL  y insured.)  iable for amounts in excess of legal defense costs. The coverage is provid (date)
(If coverage is for This insurance is p \$ 5,000,000 under policy numb	multiple facilities, identify each facilities and the company shall not be lefor each accident, exclusive of	Tallahassee, FL  y insured.)  iable for amounts in excess of legal defense costs. The coverage is providented.
(If coverage is for This insurance is p \$5,000,000 under policy numb)  The effective date is 1/1/2020	multiple facilities, identify each facilities and the company shall not be less for each accident, exclusive of er CA 976-74-18 , issued on 1/1/2 of said policy is 1/1/2019 (date)	Tallahassee, FL  y insured.)  iable for amounts in excess of legal defense costs. The coverage is provide (date)
(If coverage is for This insurance is p \$5,000,000 under policy numb)  The effective date is 1/1/2020	multiple facilities, identify each facilities and the company shall not be lefor each accident, exclusive of er CA 976-74-18, issued on 1/1/2 of said policy is 1/1/2019	Tallahassee, FL  y insured.)  iable for amounts in excess of legal defense costs. The coverage is providentely (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.

For assistance call: 850-245-8707

- (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)

## Christine M. Robinson

(Typed name)

## **Assistant Vice President**

(Title)

Authorized Representative of

National Union Fire Insurance Company of Pittsburgh, PA

(Name of Insurer)

701 Market St. St. Louis, MO 63101

(Address of Representative)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2018

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT NAME: Marsh USA, Inc. RECEIVED PHONE FAX (A/C. No): 540 W. Madison Street (A/C, No, Ext): E-MAIL ADDRESS: Chicago, IL 60661 Florida Department of Environmental Fax: 212-948-5053 Protection Attn: Veolia.CertRequest@marsh.com INSURER(S) AFFORDING COVERAGE NAIC# 19445 INSURER A: National Union Fire Insurance Company Of Pittsburgh, DEC 27 2018 INSURED Veolia ES Technical Solutions, LLC INSURER B: New Hampshire Insurance 342 Marpan Lane INSURER C: ACE Property and Casualty Insurance Company 20699 Tallahassee, FL 32305 Permitting & Compliance INSURER D: Lloyd's Syndicates 623/2623 23817 Assistance Program INSURER E: Illinois National Insurance Company INSURER F : CERTIFICATE NUMBER: **COVERAGES** CHI-008065208-53 **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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY GL 542-58 35 01/01/2019 01/01/2020 X 5,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) X OCCUR 1,000,000 CLAIMS-MADE S 10,000 MED EXP (Any one person) \$ 5,000,000 PERSONAL & ADV INJURY \$ 25,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT 10,000,000 POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER: CA 976-74-18 (AOS) COMBINED SINGLE LIMIT (Ea accident) 01/01/2019 01/01/2020 **AUTOMOBILE LIABILITY** \$ 5.000.000 CA 976-74-19 (MA) 01/01/2019 01/01/2020 ANY AUTO X BODILY INJURY (Per person) \$ OWNED CA 976-74-20 (VA) Α SCHEDULED 01/01/2019 01/01/2020 BODILY INJURY (Per accident) \$ AUTOS ONLY AUTOS NON-OWNED HIRED AUTOS ONLY PROPERTY DAMAGE S AUTOS ONLY (Per accident) \$ XOO G27927865 004 UMBRELLA LIAB 01/01/2020 10,000,000 Χ Χ 01/01/2019 OCCUR EACH OCCURRENCE EXCESS LIAB 10,000,000 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ В WORKERS COMPENSATION WC 046-91-2802 (AOS) 01/01/2019 01/01/2020 X PER STATUTE AND EMPLOYERS' LIABILITY B WC 046-91-2803 (AZ,IL,KY,NC,NH,NJ, 01/01/2019 01/01/2020 1.000.000 ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) N N/A PA.UT.VA.VT) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ F If yes, describe under DESCRIPTION OF OPERATIONS below 01/01/2019 01/01/2020 WC 046-91-2804 (FL) 1,000,000 E.L. DISEASE - POLICY LIMIT D Pollution Legal Liability W1D4C8190301 Per Claim 5.000.000 01/01/2019 01/01/2020 Claims Made Form SIR \$750,000 5.000.000 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: FI0 000 207 449 The Florida Department of Environmental Protection is included as additional insured (except as respects all coverage afforded by workers' compensation) where required by written contract but only for liability arising out of the operations of the named insured. A waiver of subrogation is granted as required by written contract but only for liability arising out of the operations of the named insured. **CERTIFICATE HOLDER** CANCELLATION Florida Department of Environmental SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Protection, Hazardous Waste Management Section THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Twin Towers Office Building ACCORDANCE WITH THE POLICY PROVISIONS. 2600 Blair Stone Road, MS 4560 Tallahassee, FL 32399-2400 **AUTHORIZED REPRESENTATIVE** of Marsh USA Inc. Manashi Mukherjee Marrooni Muchenger

AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED  Veolia ES Technical Solutions, LLC	
POLICY NUMBER		342 Marpan Lane Tallahassee, FL 32305	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation (Cont.)

Carrier: Insurance Company of the State of Pennsylvania Policy Number: WC 046-91-2805 (MA, ND, OH, WA, WI, WY) Effective Date: 01/01/2019

Effective Date: 01/01/2019 Expiration Date: 01/01/2020 Limit: SEE ABOVE

Carrier: American Home Assurance Policy Number: WC 046-91-2806 (CA) Effective Date: 01/01/2019 Expiration Date: 01/01/2020 Limit: SEE ABOVE