

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
Florida Department of Environmental
Protection
DEC 27 2018
Permitting & Compliance
Assistance Program

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

1. National Union Fire Insurance Company of Pittsburgh, PA
(Name of Insurer)

(the "Insurer"), of 525 W. Monroe Street, Suite 700, Chicago, IL 60661
(Address of Insurer)

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

Veolia ES Technical Solutions, LLC
(Name of Insured)

(the "Insured"), of 53 State Street, 14th Floor, Boston, MA 02109
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
NJD080631369	Veolia ES Technical Solutions, LLC	1 Eden Lane, Flanders, NJ

FL0000207449	Veolia ES Technical Solutions, LLC	342 Marpan Lane, Tallahassee, FL
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(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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CA 976-74-18, issued on 1/1/2019 (date).

The effective date of said policy is 1/1/2019 (date) and the expiration date of said policy is 1/1/2020 (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident in excess of the underlying limit of \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number XOO G27927865 004, issued on 1/1/2019 (date). The effective date of said policy is 1/1/2019 (date) and the expiration date of said policy is 1/1/2020 (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.
 - (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)



ADDITIONAL REMARKS SCHEDULE

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

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
 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