Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 RECEIVED
For assistance and protection
Protection

MAR 05 2019

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

(Name of Insured) (The "Insured"), of the "Insured" (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 FLD982091787 Pantropic Power. Inc. 8205 N.W. 58th Street. Miami. F. This insurance is primary and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is punder policy number MWVTB 312258 19 (date) The effective date of said policy is 3-01-19 and the expiration date of said policy and the expiration date of said policy is 3-01-20 (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 properties at the	Old Republic Insurance Compa	ny			
(Address of Insurer) hereby certifies that it has issued liability insurance covering bodily injury and property damage environmental restoration for sudden accidental occurrences to Pantropic Power, Inc. (Name of Insured) (The "Insured"), of 8205 NW 58th Street, Miami, FL 33186 (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 ELD982091787 Pantropic Power, Inc. 8205 N.W. 58th Street. Miami. F. This insurance is primary and the company shall not be liable for amounts in excess of inder policy number MMVTB 312258 19 (date) The effective date of said policy is 3-01-19 (date) (date) This insurance is excess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is for each accident in excess of the underlying limit of for each accident, exclusive of legal defense costs. The coverage is not provided to the excess of the underlying limit of for each accident, exclusive of legal defense costs. The coverage is not provided to the excess of the underlying limit of for each accident, exclusive of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to the effective of legal defense costs. The coverage is not provided to t		(Name of Insurer)			
hereby certifies that it has issued liability insurance covering bodily injury and property damage environmental restoration for sudden accidental occurrences to (Name of Insured) (the "Insured"), of 8205 NW 58th Street, Miami, FL 33166 (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: (SPA/DEP I.D. No. Name Physical Address FLD982091787 Pantropic Power. Inc. 8205 N.W. 58th Street. Miami. Fl. 1000,000 for each accident, exclusive of legal defense costs. The coverage is printer policy number MWTB 312258 19 issued on 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che is insurance is excess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is printer policy number (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-20 (date) (Che effective date of said the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is not provided the experiment of the effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date) (Che effective date of said policy is 3-01-19 (date)	(the "Insurer"), of 445 S	3. Moorland Road, Suite 300, Broc	okfield, WI 530	05	
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	under policy number	,	issued on_		The effective date
and the expiration date of said notice is	said nolicy is	and the	ovniration	` ,	
(date)	-	and the c	Expiration	uate of said policy is	(data)

- 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)

Anne M. Lovato

(Typed name)

Policy Production Specialist

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 S. Moorland Road, Suite 300, Brookfield, WI 53005

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2019

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.

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). RECEIVED CONTACT Elizabeth Esquivel PRODUCER Commercial Lines - (305) 443-4886 Department of Environmental (A/C, No, Ext): 305-443-4886 E-MAIL FAX (A/C, No): 610-537-2273 Protection USI Insurance Services LLC Elizabeth.Esquivel@usi.com ADDRESS: 2601 South Bayshore Drive, Suite 1600 MAR 08 2019 INSURER(S) AFFORDING COVERAGE NAIC # Coconut Grove, FL 33133 Old Republic Insurance Company 24147 INSURER A : INSURED Permitting & Compliance INSURER B : Pantropic Power, Inc. INSURER C: Assistance Program 8205 NW 58th Street INSURER D : INSURER E Miami FL 33166 INSURER F CERTIFICATE NUMBER: 13950408 COVERAGES **REVISION NUMBER:** See below 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. ADDI SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD X COMMERCIAL GENERAL LIABILITY 1,000,000 03/1/2019 03/1/2020 EACH OCCURRENCE MWZY312259

	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
						MED EXP (Any one person)	s	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	s	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY		MWTB312258	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	S	3,000,000
	X ANY AUTO				· [BODILY INJURY (Per person)	\$	
ł	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	S	
•	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	x GKLL						\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
İ	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTIONS						S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	S	
	(Mandatory in NH)	N.A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER	CANCELLATION					

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 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

gears Sanda

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Tallahassee, FL 32399