

**From:** [Troy.Randy.D](#)  
**To:** [Acosta, Kayla](#)  
**Subject:** Triumvirate DEP Inspection  
**Date:** Friday, March 1, 2019 10:29:31 AM  
**Attachments:** [Correspondence with Local Authorities.docx](#)  
[2019 State of Florida Insurance.pdf](#)  
[2018 State of Florida Insurance.pdf](#)  
[2017 State of Florida Insurance - Copy.pdf](#)  
[2017 Closure Cost Estimate Davie.pdf](#)  
[2019 Closing Cost Estimate Davie.pdf](#)  
[FW Triumvirate closing cost estimate.msg](#)

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Kayla Acosta,

I apologize for not getting this to you sooner but our IT systems have experiencing some problems and have made access to shares, email and other systems difficult if not impossible while our IT department get things up and running again. Attached you will find the proof of liability insurance that you requested and well as the closure cost estimate you requested, and an email verification that our most recent cost closure estimate was received and approved. I have also included a copy of the letter that I sent to the Davie Fire Department, Davie Police Department, Plantation General Hospital, and the Broward General Hospital on October 6<sup>th</sup>, 2018 in which I enclosed a copy of our updated contingency plan. All of the letter where the same except for the addressing information.

V/r



**Randy Troy**  
**EHS & Transportation Compliance Specialist**  
**Triumvirate Environmental**  
P: 407-859-4441 | M: 260-416-4981 | F: 407-218-6703  
[rtroy@triumvirate.com](mailto:rtroy@triumvirate.com) | [www.triumvirate.com](http://www.triumvirate.com)





Via UPS Ground

October 06, 2018  
Director of Corporate Communications  
Broward General Hospital  
1600 S. Andrews Ave  
Fort Lauderdale, FL 33316

Subject: Updated Contingency Plan & Emergency Procedures;  
Triumvirate Environmental (Florida), Inc.  
3701 SW 47<sup>th</sup> Avenue, Davie, FL 33314  
EPA ID No. FLD 981 018 773

Mrs. Smith,

Please find the enclosed copy of our updated Contingency Plan. The update includes personnel changes whom are listed as the Emergency Coordinator.

If there are any questions, please contact me at 954-583-3795.

Sincerely,

Randy Troy  
Environmental, Transportation, Safety and Compliance Specialist  
Triumvirate Environmental  
Main: 954.583.3795 Cell: 260.416.4981 Fax: 954.583.8017  
rtroy@triumvirate.com

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

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

1. Ironshore Specialty Insurance Company  
(Name of Insurer)

(the "Insurer"), of 75 Federal St., 5th Floor, Boston, MA 02110  
(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

Triumvirate Environmental Services, Inc.  
(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314  
(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>
<u>FLD 980559728</u>	<u>Triumvirate Environmental Services, Inc.</u>	<u>10100 Rocket Blvd., Orlando, FL 32824</u>

<u>FLD 98108773</u>	<u>Triumvirate Environmental Services, Inc.</u>	<u>3670 SW 47th Ave., Davie, FL 33314</u>
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<u>MAC 300016672</u>	<u>Triumvirate Environmental, Inc.</u>	<u>200 Inner Belt Rd., Somerville, MA 02143</u>
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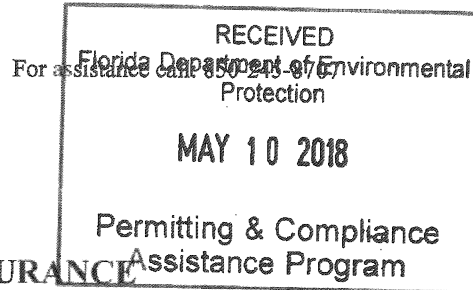
(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number 002615003, issued on 12/31/2018.  
(date)

The effective date of said policy is 12/31/2018 and the expiration date of said policy  
(date)  
is 12/31/2019.  
(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 provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400



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

1. NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA  
(Name of Insurer)

(the "Insurer"), of 175 Water Street, New York, NY 10038  
(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

Triumvirate Environmental (Florida), Inc.

(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314  
(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>
FLD980559728	Triumvirate Environmental Services, Inc.	10100 Rocket Blvd, Orla
FLD981018773	Triumvirate Environmental Services, Inc.	3670 SW 47th Ave, Davie
MAC300016672	Triumvirate Environmental, Inc.	200 Inner Belt Road, Somerville

(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CA2820176 AOS, issued on 12/31/2017 (date)

The effective date of said policy is 12/31/2017 and the expiration date of said policy is 12/31/2018 (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 2,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date) said policy is \_\_\_\_\_ and the expiration date of said policy is 12/31/2018 (date)

FEB 27 2017

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

1. New Hampshire Insurance Company

(Name of Insurer)

(the "Insurer"), of 175 Water Street, New York, NY 10038

(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

Triumvirate Environmental (Florida), Inc.

(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314

(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

FLD 980559728 Triumvirate Environmental (Florida), Inc. 10100 Rocket Blvd, Orlando, FL 32824

FLD 981018773 Triumvirate Environmental (Florida), Inc. 3670 SW 47th Ave, Davie, FL 33314

MAC 300016672 Triumvirate Environmental, Inc. 200 Inner Belt Road, Somerville, MA 02143

(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CA2820176 AOS, issued on 12/31/2016.  
(date)

The effective date of said policy is 12/31/2016 and the expiration date of said policy is 12/31/2017.  
(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 provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is 12/31/2017.  
(date) (date)