From:
 Troy.Randy D

 To:
 Acosta, Kayla

 Subject:
 Triumvirate DI

Subject: Triumvirate DEP Inspection

Date: Friday, March 1, 2019 10:29:31 AM

Attachments: Correspondence with Local Authories.docx 2019 State of Florida insurance.pdf

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

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 6th, 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 | 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 47th 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

1.

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

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

Ironshore Specialty Insurance C	ompany	
	(Name of Insurer)	
	St., 5th Floor, Boston, MA 02110	
	(Address of Insurer)	
hereby certifies that it has i environmental restoration f	ssued liability insurance cove or sudden accidental occurre	ering bodily injury and property damage including ences to
Triumvirate Environmental Servi	ces, Inc.	
	(Name of Insured)	
(the "Insured"), of 3701 SW	47th Avenue, Suite 109, Davie, FL	33314
	(Physical Address of Insured)
in connection with the insu Administrative Code Rule	red's obligation to demonstra 52-710.600(2) and 62-730.17	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD 980559728 Triu	mvirate Environmental Servi	ces. Inc. 10100 Rocket Blvd., Orlando, FL 32824
MAC 300016672	Triumvirate Environmental	, Inc. 200 Inner Belt Rd., Somerville, MA 02143
(If coverage is for multiple	facilities, identify each facili	ity insured.)
This insurance is <u>primary</u> a \$	nd the company shall not be reach accident, exclusive of 12/5	liable for amounts in excess of legal defense costs. The coverage is provided 31/2018 (date)
The effective date of said p	olicy is 12/31/2018 (date)	and the expiration date of said policy
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(date)		
\$	for each accident in excess of	able for amounts in excess of of the underlying limit of
Sunder policy number	, issued or	of legal defense costs. The coverage is provided The effective date of (date)
said policy is	and the expiratio	n 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

RECEIVED For & Signified Cape sopers of Environmental Protection

MAY 1 0 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE Assistance Program

Permitting & Compliance

HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

(Name of Insurer) (the "Insurer"), of 175 Water Street, New York, NY 10038 (Address of Insurer) hereby certifies that it has issued liability insurance coenvironmental restoration for sudden accidental occur Triumvirate Environmental (Florida), Inc. (Name of Insured) (the "Insured"), of 3701 SW 47h Avenue, Suite 109, Davie, FL 3331 (Physical Address of Insured in connection with the insured's obligation to demonst Administrative Code Rule 62-710.600(2) and 62-730. EPA/DEP I.D. No. PLD980559728 Triumvirate Environmental MAC300016672 Triumvirate Environ	rences to 4 ed) rate financial responsibility under Florida 170. The coverage applies at: Physical Address
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FLD981018773 Triumvirate Environmenta	al Services, Inc. 10100 Rocket Blvd,
FLD981018773 Triumvirate Environmenta	ai Services, inc. 10100 Rocket Blvd,
98-891-0-19-0-19-0-19-0-19-0-19-0-19-0-1	,
(If coverage is for multiple facilities, identify each faci	lity insured.)
This insurance is <u>primary</u> and the company shall not be \$2,000,000 for each accident, exclusive ounder policy number CA2820176 AOS issued on 12	f legal defense costs. The coverage is provided
under policy number CA2820176 AOS , issued on 12	(date)
The effective date of said policy is 12/31/2017 (date)	and the expiration date of said policy
is 12/31/2018	
(date)	
This insurance is excess and the company shall not be l	liable for amounts in excess of
\$ 2,000,000 for each accident in excess	of the underlying limit of
	e of legal defense costs. The coverage is provide
under policy number, issued o	
said policy is and the expiration	(date) on date of said policy is 12/31/2018
(date)	ATT CHANGE OF DESIGN DOLLOW 12

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

FEB 2 7 2017

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

New Hampshire Insurance Compan	y .		
	(Name of Insurer)		
(the "Insurer"), of 175 Water	Street, New York, NY 10038		
, <u></u> .	(Address of Insurer)		
	issued liability insurance cor for sudden accidental occurr		roperty damage including
Triumvirate Environmental (Florida),	, Inc.		
	(Name of Insured)		
(the "Insured"), of 3701 SW	47th Avenue, Suite 109, Davie, FL 3331	•	
	(Physical Address of Insure		
	ured's obligation to demonstre 62-710.600(2) and 62-730.1		
EPA/DEP I.D. No.	<u>Name</u>	<u>Physical</u>	Address
D 980559728 Triumvir	ate Environmental (Flor	ida) Inc. 10100 Pack	et Blyd Orlando El 3
LD 981018773 Triumv	irate Environmental (Flovirate Environmental, Ir		
LD 981018773 Triumv 1AC 300016672 Trium	irate Environmental (Flo	ac. 200 Inner Belt Roa	
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