Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 RECEIVED
For associated Data 850e245e8707vironmental
Protection

APR 2 3 2019

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

Old Republic Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 250 Pehle	a Avenue, Suite 201, Saddle Brook, New Je	ersey 07663
,, ,	(Address of Insurer)	,
	,	
hereby certifies that it has	s issued liability insurance cov	ering bodily injury and property damage including
environmental restoration	for sudden accidental occurre	ences to
Landstar Express America, Inc.		
	(Name of Insured)	
(the "Insured"), of 13410 S	utton Park Drive South, Jacksonville, FL 32	224
	(Physical Address of Insured	
in connection with the ins	ured's obligation to demonstra	te financial responsibility under Florida
Administrative Code Rule	e 62-710.600(2) and 62-730.17	70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLR000099945	Landstar Express	
	13410 Sutton Park Jacksonville, FL 32	
(If coverage is for multiple	e facilities, identify each facilit	
(11 coverage is for muniple	e racinities, identify each facilit	ry insured.)
This insurance is primary	and the company shall not be l	iable for amounts in excess of
\$ 1,000,000 fo	or each accident, exclusive of	legal defense costs. The coverage is provided
ander policy number MWTI	307222 19 issued on 5/1/2	2019
		(date)
The effective date of said 1	policy is 5/1/2019	and the expiration date of said policy
	(date)	successful and of said policy
s 5/1/2020		
(date)		
This insurance is excess an	nd the company shall not be lia	ble for amounts in excess of
4,000,000	for each accident in excess of	f the underlying limit of
1,000,000	for each accident, exclusive of	of legal defense costs. The coverage is provided
inder policy number MWZX3	07221 19 , issued on	5/1/2019 . The effective date of
said policy is 5/1/2019	and the evaluation	(date)
(date)	and the expiration	date of said policy is 5/1/2020
(date)		(date)

2.

- The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) with a right of reimbursement by the insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental (c) Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of (d) 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.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured (e) 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)

Brenda Linton

(Typed name)

Authorized Representative

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 S. Moorland Rd., Brookfield, WI 53005

(Address of Representative)