Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 RECEIVED
For assistanog call :850,245,8707 ironmental
Protection

APR 2 3 2019

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

Old Republic Insurance Comp	pany	
	(Name of Insurer)	
(the "Insurer"), of 250	Pehle Avenue, Suite 201, Saddle Brook, New Jersey 0766	3
	(Address of Insurer)	
hereby certifies that it environmental restora	has issued liability insurance covering botton for sudden accidental occurrences to	odily injury and property damage includ
Landstar inway, Inc.		
	(Name of Insured)	
(the "Insured"), of 134	10 Sutton Park Drive South, Jacksonville, FL 32224	
	(Physical Address of Insured)	
in connection with the Administrative Code F	insured's obligation to demonstrate finan Rule 62-710.600(2) and 62-730.170. The	ncial responsibility under Florida coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
ILR000117127	Landstar Inway, Inc.	142-300
	Road Rockford, IL 61102	
(If coverage is for mult	tiple facilities, identify each facility insure	ed.)
This insurance is <u>prima</u> \$_1,000,000 under policy number M	ary and the company shall not be liable fo for each accident, exclusive of legal de WTT307222 19, issued on 5/1/2019	or amounts in excess of efense costs. The coverage is provided
		date)
The effective date of sa		d the expiration date of said policy
is 5/1/2020	(date)	
(date)		
This insurance is excess	s and the company shall not be liable for a for each accident in excess of the unc	amounts in excess of
\$ 1,000,000	for each accident, exclusive of legal	derlying limit of defense costs. The coverage is provided
under policy number MV	vZX307221 19 , issued on 5/1/2019	The effective date of
		date)
said policy is 5/1/2019	and the expiration date of	said policy is 5/1/2020
(date)		(date)

- The Insurer further certifies the following with respect to the insurance described in Paragraph 1: 2.
 - 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)