Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400



MAY 3 0 2019

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

Permitting & Compliance Assistance Program

	(Name of Insurer)	
	(Name of msurer)	
(the "Insurer"), of 436 Walnu	ut Street, Philadelphia, PA 19106	
	(Address of Insurer)	
hereby certifies that it has environmental restoration	issued liability insurance covering for sudden accidental occurrences	g bodily injury and property damage including to
Greer Enterprises, LLC		
	(Name of Insured)	
(the "Insured"), of 1909 Brow	okdale Dr. W, Mobile, AL 36618	
	(Physical Address of Insured)	
in connection with the insu Administrative Code Rule	ured's obligation to demonstrate fir 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
ALR000046581 Gre	er Enterprises LLC 1909	Brookdale Dr. W, Mobile, AL 366
(If coverage is for multiple	facilities, identify each facility ins	sured.)
This insurance is <u>primary</u> a	facilities, identify each facility insund the company shall not be liable	for amounts in excess of
This insurance is <u>primary</u> a \$ 1,000,000 fo	and the company shall not be liable or each accident, exclusive of legal	for amounts in excess of defense costs. The coverage is provided
This insurance is <u>primary</u> a \$ 1,000,000 fo	and the company shall not be liable or each accident, exclusive of legal	for amounts in excess of defense costs. The coverage is provided
This insurance is <u>primary</u> a \$\frac{1}{1,000,000}\$ founder policy number \frac{\text{HO8464}}{\text{HO8464}}\$ The effective date of said p	and the company shall not be liable or each accident, exclusive of legal , issued on 12/09/2018	for amounts in excess of defense costs. The coverage is provided
This insurance is <u>primary</u> a \$\frac{1}{2},000,000 for the folicy number \frac{\text{HO8464}}{\text{HO8464}} The effective date of said p	and the company shall not be liable or each accident, exclusive of legal 4765 003 , issued on 12/09/2018 colicy is 12/09/2018	e for amounts in excess of defense costs. The coverage is provided (date)
This insurance is <u>primary</u> as \$1,000,000 for the policy number H08464 The effective date of said post sa	and the company shall not be liable or each accident, exclusive of legal 4765 003 , issued on 12/09/2018 colicy is 12/09/2018 (date)	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy
This insurance is <u>primary</u> as \$1,000,000 founder policy number H08464 The effective date of said post sa	and the company shall not be liable or each accident, exclusive of legal 4765 003 , issued on 12/09/2018 colicy is 12/09/2018 (date)	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy or amounts in excess of
This insurance is <u>primary</u> as \$1,000,000 for under policy number H08464 The effective date of said post size (date) This insurance is <u>excess</u> and 51,000,000	and the company shall not be liable or each accident, exclusive of legal 4765 003, issued on 12/09/2018 colicy is 12/09/2018 (date) d the company shall not be liable for each accident in excess of the	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy or amounts in excess of underlying limit of
This insurance is <u>primary</u> as \$1,000,000 for under policy number H08464 The effective date of said post size (date) This insurance is <u>excess</u> and 51,000,000	and the company shall not be liable or each accident, exclusive of legal 4765 003, issued on 12/09/2018 colicy is 12/09/2018 (date) d the company shall not be liable for each accident in excess of the	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy or amounts in excess of underlying limit of said defense costs. The coverage is provided . The effective date of
This insurance is primary as \$1,000,000 for under policy number H08464 The effective date of said post (date) This insurance is excess and 1,000,000 for the primary as 1,000,000 for the pr	and the company shall not be liable or each accident, exclusive of legal 4765 003 , issued on 12/09/2018 colicy is 12/09/2018 (date) d the company shall not be liable for each accident in excess of the for each accident, exclusive of leg , issued on	for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy or amounts in excess of underlying limit of gal defense costs. The coverage is provided

Mail original completed form to:

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

Tallahassee, Florida 32399-2400

- 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.

For assistance call: 850-245-8707

- (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)

Rita Emig

(Typed name)

Auto Product Manager, Westchester Environmental

(Title)

Authorized Representative of

ACE Property & Casualty Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Alpharetta, GA 30022

(Address of Representative)