Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance all \$50-245-8707
Florida Department of Environmental
Protection

JUN 03 2019

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

XL INSURANCE AMERICA, INC	C.		
	(Name of Insurer)		
(the "Insurer"), of 505	EAGLEVIEW BLVD., SUITE 1	100, EXTON, PA 19341-	1120
	(Address of Insurer)		<u>-</u>
hereby certifies that it henvironmental restoration	nas issued liability insurance co on for sudden accidental occur	vering bodily injury and rences to	property damage includi
Ricky's Oil & Environm	nental Services, LLC		
	(Name of Insured)		
(the "Insured"), of7	209 NW 66th St. Miami , FL 33	3166	
	(Physical Address of Insure	ed)	
in connection with the i Administrative Code Ru	nsured's obligation to demonstrule 62-710.600(2) and 62-730.1	rate financial responsibili 170. The coverage applic	ty under Florida es at:
EPA/DEP I.D. No.	Name	Physica	al Address
FLD981019755	Ricky's Oil & Enviror		
(If coverage is for multi	ple facilities, identify each facil	lity insured.)	
This insurance is primar	y and the company shall not be	liable for amounts in exc	ress of
\$ 1,000,000 CSL	for each accident, exclusive on 05 conditions of the condition of the cond	f legal defense costs. Th	e coverage is provided
mass postoy number	, issued on	(date)	
The effective date of sai	d policy is 05/01/2019	and the expiration	date of said policy
_{is} 05/01/2020	(date)		date of suid poney
(date)			
, ,			
This insurance is excess \$	and the company shall not be l	iable for amounts in exce	ss of
\$\$	for each accident in excess	of the underlying limit of	[]
under policy number	for each accident, exclusive		ne coverage is provided. The effective date of
eaid policy is	_ 3 .4	(date)	
said policy is(date)	and the expiration	on date of said policy is _	(1-4-)
(Gaic)			(date)

- 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.
 - (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.
 - 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)

Matthew Gartner

(Typed name)

Vice President

(Title)

Authorized Representative of

XL INSURANCE AMERICA, INC.

(Name of Insurer)

505 EAGLEVIEW BLVD., SUITE 100, EXTON, PA 19341-1120

(Address of Representative)

Mail original completed form to:

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

JUN 03 2019

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

	XL Specialty Insurance Company	
	(Name of Insurer)	
	(the "Insurer"), of 505 EAGLEVIEW BLVD., SUITE 100,	EXTON, PA 19341-1120
	(Address of Insurer)	:
	hereby certifies that it has issued liability insurance coverienvironmental restoration for sudden accidental occurrence	ing bodily injury and property damage incluses to
	Ricky's Oil & Environmental Services, LLC	
	(Name of Insured)	
	(the "Insured"), of $\underline{7209}$ NW 66th St. Miami , FL 33166	
	(Physical Address of Insured)	
	in connection with the insured's obligation to demonstrate Administrative Code Rule 62-710.600(2) and 62-730.170.	financial responsibility under Florida The coverage applies at:
	EPA/DEP I.D. No. Name	Physical Address
	FLD981019755 Ricky's Oil & Environment	· · · · · · · · · · · · · · · · · · ·
	72	209 NW 66th St. Miami , FL 3316
	72	209 NW 66th St. Miami , FL 3316
		209 NW 66th St. Miami , FL 3316
	(If coverage is for multiple facilities, identify each facility) This insurance is primary and the company shall not be liab	insured.) ble for amounts in excess of gal defense costs. The coverage is provided
1	(If coverage is for multiple facilities, identify each facility) This insurance is primary and the company shall not be lial for each accident, exclusive of legunder policy number, issued on The effective date of said policy is	insured.) ble for amounts in excess of gal defense costs. The coverage is provided
1	(If coverage is for multiple facilities, identify each facility: This insurance is <u>primary</u> and the company shall not be lial for each accident, exclusive of legunder policy number, issued on	insured.) ble for amounts in excess of gal defense costs. The coverage is provided (date)
i	(If coverage is for multiple facilities, identify each facility: This insurance is primary and the company shall not be liable for each accident, exclusive of legunder policy number, issued on The effective date of said policy is (date) (date) This insurance is excess and the company shall not be liable \$4,000,000 for each accident in excess of the shall policy number for each accident, exclusive of sunder policy number issued on _05	insured.) ble for amounts in excess of gal defense costs. The coverage is provided (date) and the expiration date of said policy e for amounts in excess of the underlying limit of legal defense costs. The coverage is provided

- 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.
 - (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)

Matthew Gartner

(Typed name)

Vice President

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 EAGLEVIEW BLVD., SUITE 100, EXTON, PA 19341-1120

(Address of Representative)