Mail original completed form to:

1.

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

For assistance call: 850-245-8707



MAY 3.0 2019

STATE OF FLORIDA

CERTIFICATE OF LIABILITY INSURANCE

Permitting & Compliar
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Permitting & Compliar
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Nautilus Insurance Company			
	(Name of Insurer)		
(the "Insurer"), of 7233 But	herus Drive, Scottsdale, AZ 85260		
	(Address of Insurer)		
-	s issued liability insurance cove n for sudden accidental occurre		erty damage including
Frank's Vacuum Truck Service, Inc	2.		
	(Name of Insured)		
(the "Insured"), of 1717 No	ew Road, Niagara Falls, NY 14304		
((Physical Address of Insured)	
	sured's obligation to demonstra le 62-710.600(2) and 62-730.17		
EPA/DEP I.D. No.	Name	Physical Ac	ddress
NYD982792814	Frank's Vacuum Truc	k Service, Inc. 1717	New Road
NTD902192014		Niagai	ra Falls, NY 143
NTD302132014		Niaga	ra Falls, NY 1436
~,	ole facilities, identify each facili		ra Falls, NY 1430
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000	y and the company shall not be for each accident, exclusive of	ty insured.)	of
(If coverage is for multip	y and the company shall not be	ty insured.) iable for amounts in excess legal defense costs. The co	of
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000	y and the company shall not be for each accident, exclusive of , issued on	ty insured.)	of overage is provided
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number The effective date of said	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co	of overage is provided
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co	of overage is provided
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number The effective date of said is 5/25/2020 (date) This insurance is <u>excess</u>	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co (date) and the expiration date able for amounts in excess of	o of overage is provided e of said policy
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number The effective date of said is 5/25/2020 (date) This insurance is <u>excess</u> \$ 5,000,000	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co (date) and the expiration date able for amounts in excess of the underlying limit of	of overage is provided e of said policy
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number The effective date of said is 5/25/2020 (date) This insurance is <u>excess</u>	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co (date) and the expiration date able for amounts in excess of the underlying limit of of legal defense costs. The	of overage is provided e of said policy
(If coverage is for multip This insurance is <u>primary</u> \$ 5,000,000 under policy number The effective date of said is 5/25/2020 (date) This insurance is <u>excess</u> \$ 5,000,000 \$ 5,000,000	y and the company shall not be for each accident, exclusive of , issued on	ty insured.) iable for amounts in excess legal defense costs. The co (date) and the expiration date able for amounts in excess of the underlying limit of of legal defense costs. The	of overage is provided e of said policy of coverage is provided The effective date of

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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.

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- (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)	
Amy Murphy	
(Typed name)	
Account Manager	
(Title)	
Authorized Representative of	
Nautilus Insurance Compan	V

463 Mountain View Dr, Ste 206, Colchester, VT 05446

(Address of Representative)

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Tallahassee, Florida 32399-2400

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental

restoration for suddemonstrate finar	dden accidental	occurrences in	connection	n with the insured's obligation to strative Code Rule 62-730.170.	
The coverage app	lies at:				
EPA/DEP I.D. No	<u>2</u> . <u>1</u>	<u>Vame</u>	<u>Pl</u>	hysical Address	
NYD982792814	Frank's Vacuum Tru	ck Service, Inc.	1717 New Ro	ad, Niagara Falls, NY 14304	
(If coverage is for	multiple facilit	ies, identify eac	ch facility i	insured.)	
This insurance is 1	primary and the for ea	company shall ch accident, ex	not be liab	ole for amounts in excess of the legal defense costs.	
This insurance is \$ 5,000,000 \$ 5,000,000	for eac	h accident in ex	xcess of the	le for amounts in excess of e underlying limit of egal defense costs.	
conditions of the p	policy; provided	, however, that	any provis	ences is subject to all of the terms an sions of the policy inconsistent with ended to conform with subsections (
(a) Bankrupto under the policy to	cy or insolvency which this end	of the insured orsement is atta	shall not reached.	elieve the Insurer of its obligations	
(b) The Insure policy, with a righ	er is liable for th t of reimbursem	ne payment of a ment by the insu	amounts wi ared for any	thin any deductible applicable to the such payment made by the Insurer.	;
(c) Whenever Environmental Produplicate original	otection (FDEP)	, the Insurer ag	grees to furn	of the Florida Department of nish to the Department a signed	
termination of this written notice and	endorsement (e only after the ex	e.g., expiration, xpiration of thin	non-renew rty (30) day	usurer or the insured and any other wal), will be effective only upon ys after a copy of such written notice ertified mail return receipt.	<u>,</u>

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Tallahassee, Florida 32399-2400

(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.

Attached to and forming part of policy No. FFX2008784-17 issued by
Nautilus Insurance Company, herein called the Insurer, of
[Name of Insurer], herein called the Insurer, of
7233 Butherus Drive Scottsdale AZ 85260
[Address of Insurer]
Frank's Vacuum Truck Service, Inc.
[Name of Insured]
1717 New Road, Niagara Falls, NY 14304
[Physical Address of Insured]
this $\frac{25}{\text{(Day)}}$ day of $\frac{\text{May}}{\text{(Month)}}$, $20\frac{19}{\text{(Year)}}$.
The effective date of said policy is 25 day of May (Month) 20 (Year) The expiration date of said policy is 25 day of May (Month) (Year)
(Day) (Month) (Year)
The expiration date of said policy is 25 day of May , 20 20.
(Day) (Month) (Year)
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 or more states including Florida.
[Signature of Authorized Representative of Insurer]
Amy Murphy
[Type Name]
Account Manager
[Title]
Authorized Representative of
Nautilus Insurance Company
[Name of Insurer]

463 Mountain View Dr, Suite 206, Colchester, VT 05446

[Address of Representative]

For assistance call: 850-245-8707

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

National Interstate Insurance Co	npany	
	(Name of Insurer)	
(the "Insurer"), of 3250 in	terstate Drive, Richfield, OH 44266-0900	
	(Address of Insurer)	
hereby certifies that it h environmental restoration	as issued liability insurance cover on for sudden accidental occurren	ring bodily injury and property damage includinces to
Frank's Vacuum Truck Service, Ir	IC.	
	(Name of Insured)	
(the "Insured"), of 1717!	New Road, Niagara Falls, NY 14304	
, , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)	
in connection with the in Administrative Code Ru	nsured's obligation to demonstrate tle 62-710.600(2) and 62-730.170	e financial responsibility under Florida). The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NYD982792814	Frank's Vacuum Truck	Service, Inc. 1717 New Road
,		
(If coverage is for multip	ole facilities, identify each facility	/ insured.)
	y and the company shall not be lia for each accident, exclusive of le	able for amounts in excess of egal defense costs. The coverage is provided
. ,	, 155444 011	(date)
The effective date of said	d policy is ^{03/31/2019} (date)	and the expiration date of said policy
is ^{03/31/2020}	*	
(date)		
This insurance is <u>excess</u> \$\frac{1,000,000}{\\$1,000,000} under policy number	and the company shall not be liab for each accident in excess of for each accident, exclusive of , issued on	the underlying limit of f legal defense costs. The coverage is provide The effective date of
said policy is	and the expiration	(date) date of said policy is 03/31/2020
(date)	•	(date)

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)	
Amy Murphy	
(Typed name)	
Account Manager	

(Title)

Authorized Representative of

National Interstate Insurance Company

(Name of Insurer)

463 Mountain View Dr, Ste 206, Colchester, VT 05446

(Address of Representative)

For assistance call: 850-245-8707

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730 170

demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at EPA/DEP I.D. No. Name Physical Address NYD982792814 Frank's Vacuum Truck Service, Inc. 1717 New Road, Niagara Falls, NY 14304 (If coverage is for multiple facilities, identify each facility insured.) This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of the legal defense costs. This insurance is excess and the company shall not be liable for amounts in excess of for each accident in excess of the underlying limit of for each accident, exclusive of legal defense costs. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d): (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached. 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. Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

[Address of Representative]

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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.

Attached to and forming part of policy NoVEN 8000099-01 issued by	
National Interstate Insurance Company , herein called the Insurer, of [Name of Insurer]	
3250 Interstate Drive, Richfield, OH 44286	to
[Address of Insurer]	to
Frank's Vacuum Truck Service, Inc.	of
[Name of Insured]	01
1717 New Road, Niagara Falls, NY 14304	
[Physical Address of Insured]	perjuse
this 25 May Of May , 20 19 (Month) (Year)	
(Day) (Month) (Year)	
The effective date of said policy is 31 day of March (Day) (Month) (Year)	
(Day) (Month) (Year)	
The expiration date of said policy is 31 day of March 20 (Day) (Month) (Year)	
(Day) (Month) (Year)	
I hereby certify that the Insurer is licensed to transact the business of insurance, or elig provide insurance as an excess or surplus lines insurer, in one or more states including	ible to Florid
Comy Muchy	
[Signature of Authorized Representative of Insurer]	
Amy Murphy	
[Type Name]	
Account Manager	
[Title]	
Authorized Representative of	
National Interstate Insurance Company	
[Name of Insurer]	
463 Mountain View Dr, Suite 206, Colchester, VT 0544	16