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Florida Department of Environmental  
Protection

JUN 04 2019

Permitting & Compliance  
Assistance Program

May 23, 2019

DEP Waste Management Division-HWPP, MS4560  
ATT: Ms. Susan Horlick  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**RE: Hazardous Waste Transporter permit, SCR000784884**

Dear Ms. Horlick:

Enclosed are the original Certificate of Liability Insurance form and the Hazardous Waste Transporter Liability Endorsement form for the above referenced permit and your email to our CDO, Pat Sears of April 30, 2019.

Please let me know if you have any questions.

Sincerely:

**STC Industrial, LLC**

A handwritten signature in black ink, appearing to read "Ginger M. Geddings".

Ginger M. Geddings  
Director of Human Resources

Administrative Office: STC Industrial · 2630 Highway 15 South · Sumter, SC 29154

Mailing Address: STC Industrial · P. O. Box 1509 · Sumter, SC 29151

803-775-1002 ext 8121(O) · 954-653-1195(F) · [ginger.geddings@stcindustrial.com](mailto:ginger.geddings@stcindustrial.com)

[www.stcindustrial.com](http://www.stcindustrial.com)

Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call 850-245-2067  
RECEIVED  
Florida Department of Environmental  
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**STATE OF FLORIDA**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

Permitting & Compliance  
Assistance Program

1. Zurich American Insurance Company

(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

STC Industrial, LLC FKA Sumter Transport

(Name of Insured)

(the "Insured"), of 1885 Lynette Drive, Sumter, SC 29154

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

SCR000784884

STC Industrial, LLC FKA Sumter Transport Company

1885 Lynette Drive, Sumter, SC 29154

(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 legal defense costs. The coverage is provided under policy number BAP 3296990-00, issued on 05/02/2019 (date)

The effective date of said policy is 03/01/2019 and the expiration date of said policy is 03/01/2020 (date)

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 coverage is provided under policy number, issued on (date). The effective date of said policy is (date) and the expiration date of said policy is 03/01/2020 (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.
  - (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)

**Kelly Cada**

(Typed name)

**Vice President-Enterprise Support Operations**

(Title)

Authorized Representative of

**Zurich American Insurance Company**

(Name of Insurer)

**1299 Zurich Way, Schaumburg, IL 60196**

(Address of Representative)

**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.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
SCR000784884	STC Industrial, LLC FKA Sumter Transport Company	1885 Lynette Drive, Sumter, SC 29154

(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.

2. 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.

(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 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.

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
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. **BAP 3296990-00** issued by  
1299 Zurich Way, Schaumburg, IL 60196  
[Name of Insurer]  
**1299 Zurich Way, Schaumburg, IL 60196**  
[Address of Insurer] to  
**STC Industrial, LLC FKA Sumter Transport Company** of  
[Name of Insured]  
**1885 Lynette Drive, Sumter, SC 29154**  
[Physical Address of Insured]

this 2nd day of May, 2019.  
(Day) (Month) (Year)

The effective date of said policy is 01 day of 03, 2019.  
(Day) (Month) (Year)

The expiration date of said policy is 01 day of 03, 2020.  
(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.

Kelly Cada  
[Signature of Authorized Representative of Insurer]

**Kelly Cada**

[Type Name]

**V.P. Underwriting Services**

[Title]

Authorized Representative of

**Zurich American Insurance Company**

[Name of Insurer]

**1299 Zurich Way, Schaumburg, IL 60196**

[Address of Representative]