Mail original completed form to:

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

For assistance call: 850-245-8707

Florida Department of Environmental

Protection

JUL 18 2019

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE COMPLIANCE CO

ompany	
(Name of Insurer)	
9 Zurich Way, Schaumburg, II, 60196	
(Address of Insurer)	
t has issued liability insurance covering bodily in ation for sudden accidental occurrences to	jury and property damage includi
rvices of Vermont, Inc.	
(Name of Insured)	
2 State Fair Blvd., Syracuse, NY 13204-1142	
(Physical Address of Insured)	13.
e insured's obligation to demonstrate financial res Rule 62-710.600(2) and 62-730.170. The covera	
<u>Name</u>	Physical Address
Environmental Products & Services	532 State Fair Blvd
ltiple facilities, identify each facility insured.)	
nary and the company shall not be liable for amount for each accident, exclusive of legal defense of BAP 0196094-03, issued on 06/01/2019 (date)	
said policy is and the e (date)	xpiration date of said policy
·e)	
ess and the company shall not be liable for amount for each accident in excess of the underlying	
sxs 0196098-03 , issued on 06/01/2019	The effective date o
	policy is 06/01/2020
	(date)
	(Name of Insurer) 2 Zurich Way, Schaumburg, II, 60196 (Address of Insurer) 2 I has issued liability insurance covering bodily in tion for sudden accidental occurrences to vices of Vermont, Inc. (Name of Insured) 2 State Fair Blvd., Syracuse, NY 13204-1142 (Physical Address of Insured) 2 insured's obligation to demonstrate financial research accident, Inc. Name Environmental Products & Services of Vermont, Inc (Itiple facilities, identify each facility insured.) 1 arry and the company shall not be liable for amount for each accident, exclusive of legal defense of the state of

- 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)

Susan B. Kendziora

(Typed name)

Vice President-Underwriting Services

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

1299 Zurich Way, Schaumburg, II 60196

(Address of Representative)

532 State Fair Boulevard Syracuse, NY 13204 Website: www.epsofvermont.com



PHONE: (315) 451-6666 FAX: (315) 457-6652 1-800-THE-TANK

July 9, 2019

Florida Department of State of American Protection.

Department of Environmental Protection DEP Waste Management Division –HWRS, MS 4560 Attn: Janet Ashwood 2600 Blair Stone Road Tallahassee, FLA 32399-2400 JUL 18 2019

Permitting & Compliance Assistance Program

Re: Hazardous Waste and Used Oil/Oil Filter Transporter Insurance Submittal Transporter: Environmental Products & Services of Vermont, Inc

Permit #: NYR000115733

Dear Ms. Ashwood,

Attached to this letter you will find a "wet signed" State of Florida Certificate of Liability Insurance for hazardous waste/used oil transporter Environmental Products & Services of Vermont, Inc. that has been complete per your request by our insurance carrier.

Should you have any questions on this submittal please contact me at 315-451-6666.

Sincerely,

Robert T. Clarke

PRUT 7. Clarks

Regulatory Compliance Coordinator