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2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

RECEIVED  
Florida Department of Environmental  
Protection  
For assistance call: 850-245-8707

SEP 16 2019

Permitting & Compliance  
Assistance Program

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

1. XL Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd, Suite 100, Exton, PA, 19341-0636

(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

Perma-Fix of Florida, Inc.

(Name of Insured)

(the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653

(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 98071107	Perma-Fix of Florida, Inc.	1940 NW 67th Place, Gainesville, FL 32653



(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 AEC004445105, issued on 09/01/2019.  
(date)

The effective date of said policy is 09/01/2019 and the expiration date of said policy is 09/01/2020.  
(date) (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 \_\_\_\_\_. The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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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, 19341-0636

\_\_\_\_\_  
(Address of Representative)

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<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD 98071107	Perma-Fix of Florida, Inc.	1940 NW 67th Place, Gainesville, FL 32653

(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 \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date).

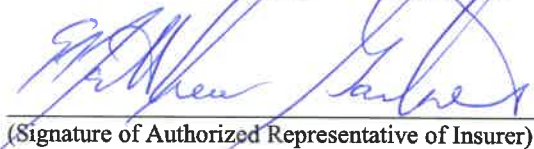
The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_ (date).  
is \_\_\_\_\_ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC004445205, issued on 09/01/2019 (date). The effective date of said policy is 09/01/2019 (date) and the expiration date of said policy is 09/01/2020 (date).

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- (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, 19341-0636

\_\_\_\_\_  
(Address of Representative)

RECEIVED  
Florida Department of Environmental  
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SEP 16 2019

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September 13, 2019

**VIA FedEx**

Janet Ashwood  
Waste Management Division  
Hazardous Waste Regulation Section  
Department of Environmental Protection  
2600 Blair Stone Road MS 4560  
Tallahassee, FL 32399-2400

RE: Certificate of Liability Insurance for Perma-Fix of Florida, Inc. (FLD 980 711 071)  
Florida Hazardous Waste Transporter and Used Oil Handler

Dear Ms. Ashwood:

With this letter I am submitting an updated Certificate of Liability Insurance, DEP Form 62.730.900(5)(a), for Perma-Fix of Florida.

If you have any questions regarding this information, please feel free to call me at (352) 395-1356 or e-mail me at [tmccartt@perma-fix.com](mailto:tmccartt@perma-fix.com).

Sincerely,



Tom McCartt  
Radiation Safety Officer (RSO)  
Perma-Fix of Florida, Inc.  
Office: (352) 395-1356  
Mobile: (352) 318-4737

**PermaFix**<sup>®</sup>  
environmental services  
A Nuclear Services and Waste Management Company