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1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

NOV 18 2019

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

Gr	eat Divide I	nsurance Con	npany	
	(Name o	of Insurer)		teraphonomic.
(the "Insurer"), of_	7233 Eas	t Butherus Dri	ve, Scottsda	ale, AZ 85260
	(Address	s of Insurer)		The second secon
hereby certifies that environmental restor	it has issued lia ation for sudde	bility insurance cov	ering bodily inju- nces to	ry and property damage including
Environme	ental Manaç (Name o	gement Conse f Insured)	rvation Oil C	Corp.
(the "Insured"), of _	8470 NW 6 (Physical	88th Street, Mi Address of Insured	ami, FL 331)	66
in connection with th Administrative Code	e insured's oblig Rule 62-710.60	gation to demonstra 00(2) and 62-730.17	te financial responding. The coverage	onsibility under Florida e applies at:
EPA/DEP I.D. No.]	Name	3	Physical Address
FLR000000166	Environmer	ntal Management	Conservation	Oil Corp
(If coverage is for mu	Itinia fecilities	identific analy facility	· · · · · · · · · · · · · · · · · · ·	
This insurance is prim \$1,000,000	ary and the con	npany shall not be li	able for amounts	s in excess of ts. The coverage is provided
under policy number	BAP2026971	11 issued on 8/	17/2019	is. The coverage is provided
			(date)	
The effective date of s	aid policy is	8/17/2019 (date)	and the expi	ration date of said policy
s8/17/202 (date				
•	•			
This insurance is <u>exces</u>	s and the comp	any shall not be liab	le for amounts i	n excess of
	tor each ac	ccident in excess of	the underlying li	mit of
nder policy number_	ioi each ac	, issued on	legal defense co	osts. The coverage is provided . The effective date of
			(date)	. The effective date of
said policy is		and the expiration		ey is
(date)		(date)		

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Department of Environmental Protection

For assistance call: 850-245-8707

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.
 - (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.

TI . O.
Jalian Floris
(Signature of Authorized Representative of Insurer)
Fabian Piorno
(Typed name)
_Agent
(Title)
Authorized Representative of
Great Divide Insurance Company
(Name of Insurer)
3250 N 29th Ave, Hollywood, FL 33020
(Address of Representative)

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

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Florida Department of Environmental

NOV 18 2019

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

Na	autilus Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of_	7233 East Butherus Driv	e, Scottsdale, AZ 85260
	(Address of Insurer)	
hereby certifies that environmental resto	it has issued liability insurance cover ration for sudden accidental occurren	ing bodily injury and property damage inclu
Environm	ental Management Conser (Name of Insured)	vation Oil Corp.
(the "Insured"), of_	8470 NW 68th Street, Mia (Physical Address of Insured)	mi, FL 33166
in connection with the Administrative Code	ne insured's obligation to demonstrate 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
FLR000000166	Environmental Management C	onservation Oil Corp
(If coverage is for mu	Itiple facilities, identify each facility	insured.)
	nary and the company shall not be liab	
\$0UU_UUU	for each accident, exclusive of leg CPL202697211, issued on 8/17	al defence costs. The corresponding and it is
		(date)
The effective date of s	(date)	and the expiration date of said policy
is8/17/202 (date		
This insurance is even	se and the commons shall and 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Ð		e underlying limit of
\$	for each accident, exclusive of le	egal defense costs. The coverage is provided
inder policy number_	, issued on	. The effective date of
said policy is	and the expiration da	
(date)		(date)

Mail original completed form to:

Department of Environmental Protection

2600 Blair Stone Road, Mail Station 4560

For assistance call: 850-245-8707

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.
 - (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)

Fabian Piorno
(Typed name)

Agent
(Title)

Authorized Representative of

Nautilus Insurance Company
(Name of Insurer)

3250 N 29th Ave, Hollywood, FL 33020

(Address of Representative)