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

RECEIVED  
Florida Department of Environmental Protection

OCT 03 2019

Permitting & Compliance  
Assistance Program

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

1. BAY INSURANCE RISK RETENTION GROUP, INC.

(Name of Insurer)

(the "Insurer"), of 146 FAIRCHILD ST., STE 135, CHARLESTON, SC 29407

(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

QUALITY CARRIERS, INC. DBA QUALITY CARRIERS

(Name of Insured)

(the "Insured"), of 1208 EAST KENNEDY BLVD., STE. 132, TAMPA, FL 33602

(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>
<u>FLR 000 057 414</u>	<u>QUALITY CARRIERS, INC.</u>	<u>7015 ADAMO DRIVE</u>
	<u>dba QUALITY CARRIERS</u>	<u>TAMPA, FL 33619</u>

(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BIMCL1002019, issued on 9/15/2019 (date)

The effective date of said policy is 9/15/2019 (date) and the expiration date of said policy is 9/15/2020 (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 9/15/2020 (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)

**Cindy Tawwater**

(Typed name)

**Senior Advisory Rep, AVP**

(Title)

Authorized Representative of

**BAY INSURANCE RISK RETENTION GROUP, INC.**

(Name of Insurer)

**1717 Main St #4400 Dallas TX 75201**

(Address of Representative)

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

1. Allianz Underwriters Insurance Company

(Name of Insurer)

(the "Insurer"), of 225 West Washington Street, Suite 1800, Chicago, IL 60606-348

(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

QUALITY CARRIERS, INC DBA QUALITY CARRIERS

(Name of Insured)

(the "Insured"), of 1208 EAST KENNEDY BLVD., STE. 132, TAMPA, FL 33602

(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>
<u>FLR 000 057 414</u>	<u>QUALITY CARRIERS, INC.</u>	<u>7015 ADAMO DRIVE</u>
	<u>dba QUALITY CARRIERS</u>	<u>TAMPA, FL 33619</u>

(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 9/15/2021, (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident in excess of the underlying limit of \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number U5Z000017180, issued on 9/15/2019, (date). The effective date of said policy is 9/15/2019 and the expiration date of said policy is 9/15/2021, (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)

**Amauri Taveras**

(Typed name)

**Vice President**

(Title)

Authorized Representative of

**Allianz Underwriters Insurance Company**

(Name of Insurer)

**28 Liberty Street, New York, New York 10005**

(Address of Representative)



QUALITY CARRIERS

RECEIVED  
Florida Department of Environmental  
Protection

OCT 03 2019

Permitting & Compliance  
Assistance Program

Via Federal Express

October 1, 2019

Florida Department of Environmental Protection  
Waste Management Division – HWRS, MS4560  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**RE: Quality Carriers, Inc. FLR 000 057 414**

Dear Sir or Madam:

This is to submit the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler, DEP Form 62-730.900(5)(a) bearing the required wet signature. We continue to maintain insurance as evidenced by the attached documents completed and duly signed by our underwriters.

If you should have any questions regarding our application, or the enclosed, please contact me at 813-569-7271.

Sincerely,

QUALITY CARRIERS, INC.

James A. Rakitsky  
Vice President  
Environmental Services

Enclosure