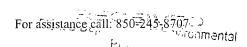
Mail original completed form to:

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



JAN 02 ZUZU

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

ACE AMERICAN INSURANC	CE COMPANY	
	(Name of Insurer)	
(the "Insurer"), of 436	S WALNUT STREET, PHILADELPHIA, PENNSYLVANIA 19106	
·	(Address of Insurer)	
	it has issued liability insurance covering bodily ration for sudden accidental occurrences to	vinjury and property damage includin
WASTE MANAGEMENT INC	C. OF FLORIDA	
	(Name of Insured)	
(the "Insured"), of 1	43 Toppino Industrial Dr., Key West, FL 33040	
. , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)	
	ne insured's obligation to demonstrate financial Rule 62-710.600(2) and 62-730.170. The cov	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000232157	WASTE MANAGEMENT INC. OF FLORIDA	143 Toppino Industrial Dr., Kev West, FL 33040
(If coverage is for m	ultiple facilities, identify each facility insured.)	)
\$_1,000,000	mary and the company shall not be liable for an for each accident, exclusive of legal defendance of high mark H25290008, issued on 01/01/2020 (dat	nse costs. The coverage is provided
7D1	04/04/2020	
	Faid policy is 01/01/2020 and the date)	he expiration date of said policy
is	·	
(da	ate)	
\$ 9,000,000 \$ 1,000,000	eess and the company shall not be liable for am for each accident in excess of the under	rlying limit of
	for each accident, exclusive of legal de:  - XSA H25289961 , issued on 01/01/2020  (dat	. The effective date of the
said policy is 01/01/(date)	- XSA H25289961 , issued on 01/01/2020 (dat 2020 and the expiration date of sa	. The effective date o

- 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)
Timothy F. Kelly
(Typed name)
CHAIRMAN/CEO
(Title)
Authorized Representative of
ACE AMERICAN INSURANCE COMPANY
(Name of Insurer)
3657 BRIARPARK DR., SUITE 700, HOUSTON, TX 77042

(Address of Representative)