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

MAR 0.9 2000

RECEIVED

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

	Canal Insurance Compa	any
	(Name of Insurer)	
(the "Insurer"), of P.C	D. BOX 7 GREENVILLE, S	SC 29602
	(Address of Insurer)	,
hereby certifies that it h environmental restoration	as issued liability insurance coveri on for sudden accidental occurrenc	ng bodily injury and property damage includes to
	Dart Trucking Company	Inc
	(Name of Insured)	
(the "Insured"), of 110)17 Market Street, North Li	ma, OH 44452
, , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)	·
	nsured's obligation to demonstrate ale 62-710.600(2) and 62-730.170.	financial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
OHR000159129		
Dart Trucking Cor		
Dart Trucking Cor	mpany Inc eet, North Lima, OH 44452	
Dart Trucking Cor		
Dart Trucking Cor 11017 Market Stre (If coverage is for multi This insurance is primal \$ 1000000	eet, North Lima, OH 44452 ple facilities, identify each facility ry and the company shall not be lia	insured.) ble for amounts in excess of gal defense costs. The coverage is provided
Dart Trucking Cor 11017 Market Stre (If coverage is for multi This insurance is primal \$ 1000000 under policy number 3	ple facilities, identify each facility ry and the company shall not be lia for each accident, exclusive of le 54023001 , issued on 01/3 id policy is 02/01/2020	insured.) ble for amounts in excess of gal defense costs. The coverage is provided 80/2020
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Tallahassee, Florida 32399-2400

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.

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- (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)	
Tammy Vaughn	
(Typed name)	
Underwriting Operations Manager	
(Title)	
Authorized Representative of	
Canal Insurance Company	
(Name of Insurer)	
P.O. BOX 7 GREENVILLE, SC 29602	
(Address of Representative)	

Mail original completed form to:

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

MAR 09 2020

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

	Canal Insurance Co (Name of Insurer)	mpany
	,	
(the "Insurer"), of P.C	O. BOX 7 GREENVILLI (Address of Insurer)	E, SC 29602
hereby certifies that it ha environmental restoratio	s issued liability insurance con for sudden accidental occur	overing bodily injury and property damage include rences to
	Dart Trucking Compa	any Inc
	(Name of Insured)	
(the "Insured"), of 110	17 Market Street, Nort (Physical Address of Insure	h Lima, OH 44452 ed)
in connection with the in Administrative Code Rul	sured's obligation to demonst e 62-710.600(2) and 62-730.	rate financial responsibility under Florida 170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
OHR000159129		V
Dart Trucking Com		152
	pany Inc et, North Lima, OH 444	452
11017 Market Stree		
11017 Market Stree (If coverage is for multiple) This insurance is primary \$ 1000000	et, North Lima, OH 444 e facilities, identify each faci and the company shall not be	lity insured.)
11017 Market Street (If coverage is for multiple) This insurance is primary \$ 1000000 to the primary sunder policy number 35. The effective date of said	et, North Lima, OH 444 e facilities, identify each faci and the company shall not be for each accident, exclusive of 4023001 , issued on 0 policy is 02/01/2020	lity insured.) c liable for amounts in excess of f legal defense costs. The coverage is provided 1/30/2020
11017 Market Stree (If coverage is for multiple) This insurance is primary \$ 1000000	et, North Lima, OH 444 le facilities, identify each faci and the company shall not be for each accident, exclusive of 4023001, issued on 0	lity insured.) c liable for amounts in excess of f legal defense costs. The coverage is provided 1/30/2020 (date)
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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

- The Insurer further certifies the following with respect to the insurance described in Paragraph 1: 2.
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.

For assistance call: 850-245-8707

- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) with a right of reimbursement by the insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental (c) Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of (d) 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)	
Tammy Vaughn	
(Typed name)	
Underwriting Operations Manager	
(Title)	
Authorized Representative of	
Canal Insurance Company	
Name of Insurer)	
P.O. BOX 7 GREENVILLE, SC 29602	
Address of Representative)	

1.

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

MAR 09 2020

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

	(Name of Insurer)	
(the "Insurer"), of P.O	. BOX 7 GREENVILLE,	SC 29602
	(Address of Insurer)	
hereby certifies that it has environmental restoration	s issued liability insurance cove n for sudden accidental occurre	ering bodily injury and property damage includences to
	Dart Trucking Compan	v Inc
	(Name of Insured)	,
(the "Insured"), of 1101	7 Market Street, North (Physical Address of Insured)	Lima, OH 44452
in connection with the ins Administrative Code Rule	sured's obligation to demonstrate 62-710.600(2) and 62-730.17	te financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
OHR000159129		· · · · · · · · · · · · · · · · · · ·
Dart Trucking Com	oany Inc et, North Lima, OH 4445	2
Dart Trucking Comp	et, North Lima, OH 4445	
Dart Trucking Comp 11017 Market Stree	et, North Lima, OH 4445 e facilities, identify each facility	y insured.)
Dart Trucking Comp 11017 Market Stree (If coverage is for multiple This insurance is primary \$ 1000000	et, North Lima, OH 4445 e facilities, identify each facility and the company shall not be lifter each accident, exclusive of le	y insured.) able for amounts in excess of
Dart Trucking Comp 11017 Market Stree (If coverage is for multiple This insurance is primary \$ 1000000	et, North Lima, OH 4445 e facilities, identify each facility and the company shall not be lifter each accident, exclusive of le	y insured.) able for amounts in excess of
Dart Trucking Comp 11017 Market Stree (If coverage is for multiple This insurance is primary \$ 1000000	et, North Lima, OH 4445 e facilities, identify each facility and the company shall not be li	y insured.) able for amounts in excess of
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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

- The Insurer further certifies the following with respect to the insurance described in Paragraph 1: 2.
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) 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.
 - Whenever requested by the Secretary (or designee) of the Florida Department of Environmental (c) Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of (d) 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.
 - The Insurer shall not be liable for the payment of any judgment or judgments against the Insured (e) 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.

1 2	
(Signature of Authorized Representative of Insurer)	
Tammy Vaughn	
(Typed name)	
Underwriting Operations Manager	
(Title)	
Authorized Representative of	
Canal Insurance Company	
(Name of Insurer)	
P.O. BOX 7 GREENVILLE, SC 29602	
(Address of Representative)	