1.

For assistance call: 850-245-8707

## MAR 25 2020 STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

	ame of Insurer)	
(the "Insurer"), of P.O. Box 328, G	Owatonna, MN 55060	
(A	ddress of Insurer)	
	ned liability insurance covering bodily sudden accidental occurrences to	injury and property damage including
Dupre Logistics LLC		
(N	ame of Insured)	
(the "Insured"), of <sup>201</sup> Energy Pa	arkway, Suite 500, Lafayette, LA 70508	
	hysical Address of Insured)	
	d's obligation to demonstrate financial -710.600(2) and 62-730.170. The cov	
EPA/DEP I.D. No.	Name	Physical Address
LAR 000 045 963	Dupre Logistics LLC	201 Energy Parkway, Suite 50
		Lafayette, LA 70508
(If coverage is for multiple fa	cilities, identify each facility insured.)	
This insurance is <u>primary</u> and \$ 1,000,000 for 6	the company shall not be liable for an each accident, exclusive of legal defen	mounts in excess of
This insurance is primary and	the company shall not be liable for ar	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1,000,000}{5}\$ for equal to the effective date of said pole.	the company shall not be liable for an each accident, exclusive of legal defen , issued on 10/17/2019 (dat	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1,000,000}{\text{for e}}\$ for e under policy number \$\frac{9325210}{\text{policy}}\$  The effective date of said pol is \$\frac{10/01/2020}{\text{policy}}\$	the company shall not be liable for an each accident, exclusive of legal defen, issued on $\frac{10/17/2019}{}$ (dat	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1,000,000}{5}\$ for equal to the effective date of said pole.	the company shall not be liable for an each accident, exclusive of legal defen, issued on $\frac{10/17/2019}{}$ (dat	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$ 1.000,000 for e under policy number 9325210  The effective date of said pol is 10/01/2020 (date)  This insurance is <u>excess</u> and t	the company shall not be liable for an each accident, exclusive of legal defen issued on 10/17/2019 (dat icy is 10/01/2019 and the company shall not be liable for am	mounts in excess of use costs. The coverage is provided e) ne expiration date of said policy ounts in excess of
This insurance is <u>primary</u> and \$1.000,000 for e under policy number 9325210  The effective date of said policy is 10/01/2020 (date)  This insurance is <u>excess</u> and t \$4,000,000 for	the company shall not be liable for an each accident, exclusive of legal defensions, issued on 10/17/2019 (dat icy is 10/01/2019 and the company shall not be liable for amore each accident in excess of the under	mounts in excess of use costs. The coverage is provided  e)  ne expiration date of said policy  ounts in excess of clying limit of
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This insurance is primary and \$1,000,000 for e under policy number $\frac{9325210}{9325210}$ The effective date of said policy $\frac{10/01/2020}{(date)}$ This insurance is excess and t \$4,000,000 for \$1,000,000 for \$1,00	the company shall not be liable for an each accident, exclusive of legal defensions, issued on 10/17/2019 (dat icy is 10/01/2019 and the company shall not be liable for amore each accident in excess of the under or each accident, exclusive of legal definitions.	mounts in excess of use costs. The coverage is provided e)  e)  ne expiration date of said policy  ounts in excess of elying limit of gense costs. The coverage is provide fense costs. The effective date of e)

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.

(Signature of Authorized Representative of Insurer)

## Jenny Hrdalo

(Typed name)

## **Authorized Representative**

(Title)

Authorized Representative of

## Federated Mutual Insurance Company

(Name of Insurer)

121 East Park Square, Owatonna MN 55060

(Address of Representative)