Mail original completed form to:

1.

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

MAR 3 1 2020

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

National Interstate Insurance			
	(Name of Insurer)		
(the "Insurer"), of 3250	Interstate Drive, Richfield, OH 44266-090	00	
	(Address of Insurer)		
hereby certifies that it lenvironmental restoration	has issued liability insurance cove	ring bodily injury and	l property damage includir
Frank's Vacuum Truck Serv	rice, Inc.		
	(Name of Insured)		
(the "Insured"), of 1717	New Road, Niagara Falls, NY 14304		
,,,,	(Physical Address of Insured)		
	insured's obligation to demonstratule 62-710.600(2) and 62-730.17		
EPA/DEP I.D. No.	Name	Physic	cal Address
NYD98792814 F	rank's Vacuum Truck Sei	vice Inc 1717 N	New Poad
(If coverage is for mult	iple facilities, identify each facilit	y insured.)	
	ry and the company shall not be li		
\$ 1,000,000 under policy number V	for each accident, exclusive of 1	egal defense costs. T	he coverage is provided
under poncy number	EN 8000099-02, issued on _03/3	(date)	
TT1 00 11 1 0	. 1 1 . 2/24/0000		
The effective date of sa	id policy is 3/31/2020 (date)	and the expiratio	n date of said policy
is 3/31/2021	(uaic)		
(date))		
This is a second and the second		1.1. C	¢.
i nis insurance is <u>exces:</u> § 1,000,000	s and the company shall not be lia for each accident in excess of		
\$ 1,000,000			
	for each accident, exclusive of		I he coverage is provided
under policy number	for each accident, exclusive of , issued on	r regar desense costs.	
under policy number	, issued on	(date)	The effective date of
said policy is(date)	, issued on		The effective date of

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

Tallahassee, Florida 32399-2400

- (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.

Amy Murphy

(Typed name)

Account Manager

(Title)

Authorized Representative of

National Interstate Insurance Con

(Name of Insurer)

463 Mountain View Dr., Ste 206, C

(Address of Representative)

Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-870 RECEIVED

Florida Department of Environmental Protection

MAR 3 1 2020

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

Permitting & Compliance Assistance Program

1. This endorsement certifies that the policy to which the endorsement is attached provide liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at: EPA/DEP I.D. No. Name Physical Address NYD982792814 Frank's Vacuum Truck Service, Inc. 1717 Mew Road. Niagara Falls, NY 14304 (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 \$ 1,000,000 for each accident, exclusive of the legal defense costs. 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. 2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d): Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations (a) under the policy to which this endorsement is attached. 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 Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements. (d) Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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For assistance call: 850-245-8707

The Insurer shall not be liable for the payment of any judgment or judgments against the (e) 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.

Attached to and forming part of policy No. VEN8000099-02 issued by
National Interstate Insurance Governin called the Insurer, of
[Name of Insurer]
3250 Interstate Drive, Richfield, OH 44286
[Address of Insurer]
Frank's Vacuum Truck Service, Inc.
[Name of Insured]
1717 New Road, Niagara Falls, NY 14304
[Physical Address of Insured]
this 25 day of March 20
this $\frac{25}{\text{(Day)}}$ day of $\frac{\text{March}}{\text{(Month)}}$, $20\frac{20}{\text{(Year)}}$.
The effective date of said policy is $\frac{31}{\text{(Day)}} \text{ (Month)}, 20 \frac{20}{\text{(Year)}}$ The expiration date of said policy is $\frac{31}{\text{(Day)}} \text{ day of } \frac{\text{March}}{\text{(Month)}}, 20 \frac{21}{\text{(Year)}}$
(Day) (Month) (Year)
The maintain data of mid-min is 31 March 2021
(Day) (Month) (Year)
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 or more states including Florida
[Signature of Authorized Representative of Insurer]
Amy Murphy
[Type Name]
Account Manager
[Title]
Authorized Representative of
National Interstate Insurance Comp
[Name of Insurer]

[Address of Representative]

463 Mountain View Dr, Suite 206, Colchester, VT 054