Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 8500245/8707

Florida Department of Environmental Protection

MAY 15 2020

## CERTIFICATE OF LIABILITY INSURANCE mitting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

| Westchester Surplus Lines Insu                                    | rance Company  |   |
|---|--|---|
|   | (Name of Insurer)  |   |
| (the "Insurer"), of 436 W   | alnut Street P.O. Box 1000 Philadelphia, PA 19106                                      |   |
|   | (Address of Insurer)   |   |
|   | nas issued liability insurance covering bod<br>on for sudden accidental occurrences to | lily injury and property damage includi |
| Clark Environmental, Inc.   |  |   |
|   | (Name of Insured)  |   |
| (the "Insured"), of 755 F   | Prairie Industrial Parkway, Mulberry, FL 33860   |   |
| -   | (Physical Address of Insured)  |   |
|   | insured's obligation to demonstrate financiule 62-710.600(2) and 62-730.170. The c     |   |
| EPA/DEP I.D. No.  | Name   | Physical Address                        |
| FLD984206003  | Clark Environmental, Inc.  | 755 Prairie Industrial Pkw              |
|   |  |   |
| (If coverage is for mult  | iple facilities, identify each facility insured  | d.)                                     |
| This insurance is <u>prima</u> \$ 1,000,000 under policy number H |  |   |
| The effective date of sa  | id policy is <u>5/6/2020</u> and (date)  | the expiration date of said policy      |
| is 5/6/2021   |  |   |
| (date)  | )  |   |
| \$ 5,000,000  | and the company shall not be liable for a for each accident in excess of the und       | erlying limit of                        |
| \$ 1,000,000  |  | lefense costs. The coverage is provide  |
| under policy number HO  |  | The effective date o                    |
| said policy is 5/6/2020   | and the expiration date of   |   |
| (date)  |  | (date)                                  |

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Department of Environmental Protection For assistance call: 850-245-8707 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.

| Patricia Lare Schmalts                                 |
|--|
| (Signature of Authorized Representative of Insurer)    |
| Patricia Lane Schmaltz                                 |
| (Typed name)   |
| Vice President/Manager, Environmental Practice Group   |
| (Title)  |
| Authorized Representative of                           |
| Westchester Surplus Lines Insurance Company            |
| (Name of Insurer)                                      |
| 1300 North Westshore Blvd., Suite 110, Tampa, FL 33607 |
| (Address of Representative)                            |

## FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION ACCEPTANCE REPORT

USER ID:

**ACEAMERICAN** 

TRANSMISSION NUMBER: WEB91664

TRANSMITTED ON:

05/07/2020 09:12:32

COMPANY NAME: ACE AMERICAN INSURANCE COMPANY

SUMITTED BY:

ACE AMERICAN INSURANCE COMPANY (05735-00)

Docket

Form/Type

Policy Number

Effective Date

Action

MC-1561

BMC-91X/BIPD

H08457098 008

05/06/2020

**ACCEPTED** 

Values in FMCSA Licensing & Insurance Database:

Legal Name: CLARK ENVIRONMENTAL INC

Address:

755 PRAIRIE INDUSTRIAL PARKWAY

MULBERRY FL US 33860

91X Coverage(Type/Max/Underlying):

Primary / \$1,000,000 / \$0

Total: 1

Run Date: 05/07/20 Data Sorce: Licensing & Insurance li\_accept Run Time 09:12 Page 1 of 2

## FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION ACCEPTANCE REPORT

Total: 1

Run Date: 05/07/20 Run Time 09:12 Data Sorce: Licensing & Insurance li\_accept

Page 2 of 2