1.

For assistance call: 850-245-8707

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

(146	ame of Insurer)	
(the "Insurer"), of P.O. Box 328. O	Owatonna, MN 55060	
(Ac	ddress of Insurer)	
	ned liability insurance covering bodily sudden accidental occurrences to	injury and property damage including
Dupre Logistics LLC		
(Na	ame of Insured)	
(the "Insured"), of ²⁰¹ Energy Par	rkway, Suite 500, Lafayette, LA 70508	
	nysical Address of Insured)	
	's obligation to demonstrate financial	
Administrative Code Rule 62-	710.600(2) and 62-730.170. The cov	verage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
LAR 000 045 963	Dupre Logistics LLC	201 Energy Parkway, Suite 50 Lafayette, LA 70508
This insurance is <u>primary</u> and	cilities, identify each facility insured.) the company shall not be liable for ar ach accident, exclusive of legal defen, issued on	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 company shall not be liable for an ach accident, exclusive of legal defen, issued on(dat	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1.000,000}{5} for e under policy number \frac{9325210}{9325210} The effective date of said poli	the company shall not be liable for an ach accident, exclusive of legal defen, issued on(dat	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1.000,000}{1.000,000} for e under policy number \frac{9325210}{9325210} The effective date of said poli is \frac{10/01/2020}{1.000}	the company shall not be liable for an ach accident, exclusive of legal defen , issued on 10/17/2019 (dat cy is 10/01/2019 and the	mounts in excess of use costs. The coverage is provided
This insurance is <u>primary</u> and \$\frac{1.000,000}{5} for e under policy number \frac{9325210}{9325210} The effective date of said poli	the company shall not be liable for an ach accident, exclusive of legal defen , issued on 10/17/2019 (dat cy is 10/01/2019 and the	mounts in excess of use costs. The coverage is provided
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This insurance is primary and \$1,000,000 for e under policy number 9325210 The effective date of said poli is 10/01/2020 (date) This insurance is excess and the \$4,000,000 for \$1,000,000 for \$1,000,0	the company shall not be liable for an ach accident, exclusive of legal defen , issued on 10/17/2019 (dat cy is 10/01/2019 and the company shall not be liable for am r each accident in excess of the under r each accident, exclusive of legal def	mounts in excess of use costs. The coverage is provided to the expiration date of said policy date of said policy date of said policy date of said

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)