### Eckoff, Michael

From:	Couto, Stephen <scouto@flaglerce.com></scouto@flaglerce.com>
Sent:	Friday, December 27, 2019 6:35 AM
То:	Eckoff, Michael
Subject:	RE: Compliance Assistance Offer letter
Attachments:	Certificate.pdf; Certificates.pdf

Good morning Michael,

Please see attached insurance certificates. I will give you a call on the other item that is needed, I just need a little clarification on my end so I can get you get proper documentation.

Thank you

Stephen Couto Service Manager



9601 Boggy Creek Rd.		
Orlando, FL 32824		
+14078509614 x4241	0	
407-850-9619	F	
+1 813-460-4190		

From: Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>
Sent: Thursday, December 26, 2019 3:44 PM
To: Couto, Stephen <scouto@flaglerce.com>
Subject: Compliance Assistance Offer letter

Μ

Hello Mr. Couto,

Thank you for your quick call back. Attached is the letter that was issued for the inspection conducted on October 23, 2019. Please let me know if you have any questions.

Thank you,



Michael Eckoff Environmental Consultant Compliance Assurance Program Central District <u>michael.eckoff@floridadep.gov</u> Office: 407.897.4308



Looking to file a Notice, Registration, or Self-certification? Need a permit determination fast? You can even submit a permit application and make a payment! Try DEP's Business Portal. It's easy and quick. Just click the button below.







## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/18/2019

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVEL BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(jes) must have ADD endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain pol statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(state) and the certificate holder is such endorsement (state).	ITIONAL INSURED provisi icies may require an endor	ons or be					
PRODUCER CONTACT NAME: Sentry Customer Service	,						
Gary Deja PHONE (A/C, No, Ext): 800-473-6879	FAX (A/C, No): 800-514-7191						
EMAIL ADDRESS: businessproducts_direct@sentry.com							
INSURER(S) AFFORDING COVERAGE		NAIC #					
INSURER A : Sentry Select Insurance Company		21180					
INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment INSURER B:							
INSURER C : INSURER C : INSURER D :							
Tampa, FL 33619-4314 INSURER E :							
INSURER F :							
COVERAGES         CERTIFICATE NUMBER: 1504040         REVISION N	IUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	NAMED ABOVE FOR THE POLI CUMENT WITH RESPECT TO W EREIN IS SUBJECT TO ALL T	CY PERIOD /HICH THIS HE TERMS,					
INSR LTR         TYPE OF INSURANCE         ADDL INSR         SUBR WVD         POLICY NUMBER         POLICY EFF (MM/DD/YYYY)         POLICY EXP (MM/DD/YYYY)	LIMITS						
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	SINGLE LIMIT \$ 1 (	000.000					
<u>(Ea accident</u>	t) \$\$	000,000					
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DED RETENTION \$ PRODUCTS		,000,000					
WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY Y (N	TE OTH- ER						
(Mandatory in NH)	SE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEAS	SE - POLICY LIMIT \$						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Refer to attached							
CERTIFICATE HOLDER CANCELLATION							
Department of Environmental Protection 2600 Blairstone Rd Mail Station 4560 SHOULD ANY OF THE ABOVE DESCR THE EXPIRATION DATE THEREO ACCORDANCE WITH THE POLICY PF	F, NOTICE WILL BE DELIN						
Tallahassee, FL 32399-6516     AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE     AUTHORIZED REPRESENTATIVE							
		roconved					
ACORD 25 (2016/03) Page 1 of 2 © 1988-2015 ACORD 2551455 Sentry Select Insurance Company The ACORD name and logo are registered marks of ACORD	D CORPORATION. All rights	4/18/2019					

AGENCY	CUSTOMER	ID:	XXXXXX9021
	COOLOWER		

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# ADDITIONAL REMARKS SCHEDULE

- F		
AGENCY		NAMED INSURED
Gary Deja		Flagler CE Holdings LLC DBA Flagler Construction Equipment
POLICY NUMBER		
2551455002		
CARRIER	NAIC CODE	
Sentry Select Insurance Company	21180	EFFECTIVE DATE: 05/01/2019

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

### **General Liability**

INCLUDED: POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS-BUSINESS AUTO, MOTOR CARRIER AND TRUCKERS COVERAGE FORM.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/18/2019

CE BE	rtif Low	ERTIFICATE IS ISSUED AS A MA FICATE DOES NOT AFFIRMATIV V. THIS CERTIFICATE OF INSUR SENTATIVE OR PRODUCER, AN	ELY OR	dr ne E doe	GATIVELY	AME	END, EXTEND	IFERS NO RI OR ALTER T TRACT BETW	GHTS UPON THE CERTIFICATE H THE COVERAGE AFFORDED BY T VEEN THE ISSUING INSURER(S), /	older. This He Policies Authorized
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PRO	DUCE	ER		-			ACT Sentry Custo	mer Service		
Gary	Deja					PHON			FAX (A/C, No): 800-514-7	7101
EMAIL ADDRESS: businessproducts_direct@sentry.com									/ 101	
						ADDF		R(S) AFFORDING		NAIC #
						INSU	RER A : Sentry Sele	(-)		21180
INSU	IRED	)					RER B :			
Flag	er CE	Holdings LLC DBA Flagler Construction Equip	oment			INSU	RER C :			
8418		n River Rd				INSU	RER D :			
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INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUI	IBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Х	COMMERCIAL GENERAL LIABILITY								\$ 1,000,000
	<u> </u>	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					0554 4550	20	05/04/0040	05/04/0000	MED EXP (Any one person)	\$ 5,000
A					255145500	)2	05/01/2019	05/01/2020	PERSONAL & ADV INJURY	\$ 1,000,000
	GE	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
	Х								PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:								\$
	AU	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	х	ANY AUTO							BODILY INJURY (Per person)	\$
А		OWNED SCHEDULED AUTOS			255145500	03	05/01/2019	05/01/2020	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
										\$
	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 15,000,000
А	Х	EXCESS LIAB CLAIMS-MADE			255145500	)4	05/01/2019	05/01/2020	AGGREGATE	\$ 45,000,000
		DED RETENTION \$								\$ 45,000,000
		DRKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER	
	ANY		N/A							\$
	(Ma	andatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
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		TION OF OPERATIONS / LOCATIONS / VEH ttached	IICLES	ACORI	TUT, Additio	nai Rer	narks Schedule, m	ay de attached if	more space is required)	
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_		nt of Highway Safety and Motor Vehicles						-	OVE DESCRIBED POLICIES BE CANCE	
Divis	ion of	f Motorist Services OF COMMERCIAL VEHICLE and DRIVER SER					THE EXPI	RATION DAT	E THEREOF, NOTICE WILL BE D	
2900	Apala	achee Parkway, MS 62	VIOLO					NCE WITH THE D REPRESENTAT		
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AGENCY CUSTOMER ID: XXXXXX9021	AGENCY	CUSTOMER	ID:	XXXXXX9021
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	ADDITIO		
AGENCY			NAMED INSURED
Gary Deja			Flagler CE Holdings LLC DBA Flagler Construction Equipment
POLICY NUMBER			
2551455002			
CARRIER		NAIC CODE	
Sentry Select Insurance Company	:	21180	EFFECTIVE DATE: 05/01/2019
ADDITIONAL REMARKS			

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

### **Business Auto**

2006 Freightliner M2 1FVACWCS56HW49156. Auto Liability is included in this policy.

Policy provides \$10,000 in Florida Personal Injury Protection Coverage.

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# **NOTICE OF CANCELLATION - CERTIFICATE HOLDERS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM COMMERCIAL AUTOMOBILE COVERAGE PARTS COMMERCIAL PROPERTY COVERAGE PART CRIME AND FIDELITY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PARTS COMMERCIAL GENERAL LIABILITY COVERAGE PARTS COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE FORM EMPLOYMENT RELATED PRACTICES LIABILITY POLLUTION LIABILITY COVERAGE ERRORS AND OMISSIONS COVERAGE FORM

In the event we cancel this policy, we will also mail to the person(s) or the organization(s) listed in the Schedule for this endorsement advance written notice of cancellation. We will mail this written notice at least 10 days prior to cancellation if we cancel for nonpayment of premium or 45 days prior to cancellation if we cancel this policy for any other reason.

FOR ALL COMMERCIAL AUTO COVERAGE PARTS:

As provided in Section 320.02(5)(e), Florida Statutes, written notice of the policy cancellation will be provided by the insurer to the Department of Highway Safety and Motor Vehicles, such notice will commence from the date notice is received by the Department.

### Schedule

Person(s) or Organization(s) including mailing address:

Department of Highway Safety and Motor Vehicles Division of Motorist Services BUREAU OF COMMERCIAL VEHICLE and DRIVER SERVICES 2900 Apalachee Parkway, MS 62 Tallahassee, FL 32399-0626

All other terms and conditions of this policy remain unchanged.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/18/2019

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ATTER /ELY ( RANC ND TH	of In Or Ne E Doe E Cer	NFORMATI GATIVELY S NOT CO TIFICATE	on o ' Ame ' Ame ' Ame ' Ame ' Ame	NLY AND COM END, EXTEND TUTE A CONT DER.	NFERS NO RI OR ALTER T TRACT BETW	GHTS UPON THE CERTIFICATE H HE COVERAGE AFFORDED BY TI EEN THE ISSUING INSURER(S), A	OLDER. THIS HE POLICIES AUTHORIZED
IMPORTANT: If the certificate holder endorsed. If SUBROGATION IS WAIVE statement on this certificate does not c	is an D, sul onfer	ADD bject t rights	ITIONAL I to the term to the cert	NSUR s and ificate	RED, the polic conditions of holder in lieu	y(ies) must I the policy, c of such endo	have ADDITIONAL INSURED prov certain policies may require an encorresement(s).	visions or be dorsement. A
PRODUCER					ACT Sentry Custo	mer Service	· · ·	
Gary Deja					NE No, Ext): 800-473-		FAX (A/C, No): 800-514-7	7191
EMAIL ADDRESS: businessproducts_direct@sentry.com								
						R(S) AFFORDING	-	NAIC #
					RER A : Sentry Sele	ect Insurance Com	pany	21180
INSURED Flagler CE Holdings LLC DBA Flagler Construction Equ	pment				RER B : RER C :			
LLC 8418 Palm River Rd					RER D :			
Tampa, FL 33619-4314					RER E :			
					RER F :			
		-	ER: 150921				EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN DLICIES	I, THE L LIMIT	ERM OR CC	NDITI	on of any co orded by the .ve been redu(	NTRACT OR C POLICIES DES CED BY PAID CL	OTHER DOCUMENT WITH RESPECT TO SCRIBED HEREIN IS SUBJECT TO AL	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NU	MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X COMMERCIAL GENERAL LIABILITY								\$ 1,000,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			255145500	12	05/01/2019	05/01/2020	MED EXP (Any one person)	\$ 5,000
A			200140000	)2	03/01/2019	05/01/2020		\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000,000
OTHER:								\$
							(Ea accident)	\$ 1,000,000
								\$
A OWNED AUTOS ONLY AUTOS NON-OWNED			25514550	03	05/01/2019	05/01/2020	,	\$
AUTOS ONLY AUTOS ONLY							(Fer accident)	\$
X UMBRELLA LIAB X OCCUR								\$
A X EXCESS LIAB CLAIMS-MADE			255145500	)4	05/01/2019	05/01/2020		\$ 15,000,000 \$ 45.000.000
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WORKERS COMPENSATION							PER OTH- STATUTE ER	φ ισισσοισσο
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE								\$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Refer to attached								
					0411051			
CERTIFICATE HOLDER Department of Highway Safety and Motor Vehicles						-		
Division of Motorist Services BUREAU OF COMMERCIAL VEHICLE and DRIVER SEF 2900 Apalachee Parkway, MS 62	RVICES				THE EXPI ACCORDA	RATION DATE NCE WITH THE	OVE DESCRIBED POLICIES BE CANCEI E THEREOF, NOTICE WILL BE DI POLICY PROVISIONS.	
Tallahassee, FL 32399-0626						DREPRESENTAT	ty/and	
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2551455 Sentry Select Insurance Company 1 00001 0000000000 19108 0 N			RD name ai	nd log	o are registere		-	04/18/2019

AGENCY CUSTOMER ID: XXXXXX9021	AGENCY	CUSTOMER	ID:	XXXXXX9021
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ADDITIONAL REMARKS SCHEDULE			
AGENCY			NAMED INSURED
Gary Deja			Flagler CE Holdings LLC DBA Flagler Construction Equipment
POLICY NUMBER			
2551455002			
CARRIER		NAIC CODE	
Sentry Select Insurance Company	:	21180	EFFECTIVE DATE: 05/01/2019
ADDITIONAL REMARKS			

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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

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Department of Highway Safety and Motor Vehicles Division of Motorist Services BUREAU OF COMMERCIAL VEHICLE and DRIVER SERVICES 2900 Apalachee Parkway, MS 62 Tallahassee, FL 32399-0626

All other terms and conditions of this policy remain unchanged.