

Eckoff, Michael

From: Couto, Stephen <scouto@flaglerce.com>
Sent: Friday, December 27, 2019 6:35 AM
To: 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 O
407-850-9619 F
+1 813-460-4190 M

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

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
michael.eckoff@floridadep.gov
Office: 407.897.4308



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CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gary Deja	CONTACT NAME: Sentry Customer Service	
	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	
INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment LLC 8418 Palm River Rd Tampa, FL 33619-4314	INSURER A : Sentry Select Insurance Company	NAIC # 21180
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1504040

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			2551455002	05/01/2019	05/01/2020	EACH OCCURRENCE	\$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			2551455003	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
			BODILY INJURY (Per person)				\$	
			BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			2551455004	05/01/2019	05/01/2020	EACH OCCURRENCE	\$ 15,000,000
			AGGREGATE				\$ 45,000,000	
			PRODUCTS - COMP/OP AGG				\$ 45,000,000	
	DED	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							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

CERTIFICATE HOLDER

Department of Environmental Protection
2600 Blairstone Rd
Mail Station 4560
Tallahassee, FL 32399-6516

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John Highland

ACORD 25 (2016/03)

2551455

Sentry Select Insurance Company

1 00001 0000000000 19108 0 N

Page 1 of 2

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04/18/2019

0027020044349735807632399651600



AGENCY CUSTOMER ID: XXXXXX9021

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Gary Deja		NAMED INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment LLC
POLICY NUMBER 2551455002		
CARRIER Sentry Select Insurance Company	NAIC CODE 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

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PRODUCER Gary Deja	CONTACT NAME: Sentry Customer Service	
	PHONE (A/C, No, Ext): 800-473-6879	FAX (A/C, No): 800-514-7191
INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment LLC 8418 Palm River Rd Tampa, FL 33619-4314	EMAIL ADDRESS: businessproducts_direct@sentry.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentry Select Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 21180		

COVERAGES

CERTIFICATE NUMBER: 1509211

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			2551455002	05/01/2019	05/01/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			2551455003	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			2551455004	05/01/2019	05/01/2020	EACH OCCURRENCE	\$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 45,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$ 45,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							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

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John Highland

ACORD 25 (2016/03)

2551455

Sentry Select Insurance Company

1 00001 0000000000 19108 0 N

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04/18/2019

0027020044349735686632399062600



AGENCY CUSTOMER ID: XXXXXX9021

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Gary Deja		NAMED INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment LLC
POLICY NUMBER 2551455002		
CARRIER Sentry Select Insurance Company	NAIC CODE 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**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 PART
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.



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04/18/2019

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	EMAIL ADDRESS: businessproducts_direct@sentry.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentry Select Insurance Company	NAIC # 21180
INSURED Flagler CE Holdings LLC DBA Flagler Construction Equipment LLC 8418 Palm River Rd Tampa, FL 33619-4314	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1509211

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			2551455002	05/01/2019	05/01/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
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							PERSONAL & ADV INJURY	\$ 1,000,000
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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			2551455003	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
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	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$ 45,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
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Division of Motorist Services
BUREAU OF COMMERCIAL VEHICLE and DRIVER SERVICES
2900 Apalachee Parkway, MS 62
Tallahassee, FL 32399-0626

CANCELLATION

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AUTHORIZED REPRESENTATIVE

John Highland

ACORD 25 (2016/03)

2551455

Sentry Select Insurance Company

1 00001 0000000000 19108 0 N

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04/18/2019

0027020044349735773032399062600



AGENCY CUSTOMER ID: XXXXXX9021

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

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

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

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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.