Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

RECEIVED For assistance colleps for 245-87 Environmental Protection

AUG 26 2020

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE Assistance Program

Permitting & Compliance

HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

	SPECIALTY	INSURAN	CE (O	MPANY
	(Name of Insurer)	•		-
(the "Insurer"), of Po	(Name of Insurer) (Address of Insurer)	ADISON ST	5. WI	53205-
	(Address of Insurer)			33463
	as issued liability insuration for sudden accidental	occurrences to		
ASSOCIA-	(Name of Insured) 3-83-NW 56 (Physical Address of	SDRV/CE	S COR	PORATION
	(Name of Insured)			
(the "Insured"), of	3282 NW 56	STRODT	DORAL	FL. 33
	(Physical Address of	Insured)		
n connection with the in Administrative Code Ru	nsured's obligation to der le 62-710.600(2) and 62	monstrate financial r -730.170. The cove	esponsibility un rage applies at	nder Florida
EPA/DEP I.D. No.	Name	x	Physical Ac	ldress
-LR 0002334	HOB ASSOCIATION	TED WASTE	8287	NW 5655
	SORVICE	SCORP	E	1 27015
his insurance is priman	ole facilities, identify each and the company shall reference for each accident, exclusionally and the company shall reference for each accident, exclusionally and the company shall reference for each accident, exclusionally and the company shall reference for each accident.	. 1 . 11 . 0	ounts in excess costs. The cov	of verage is provided
his insurance is <u>primary</u> 1,000,000 nder policy number E	and the company shall refer each accident, exclusionally issued 92-03	not be liable for amo sive of legal defense on 05/08/2 (date)	costs. The cov	verage is provided
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This insurance is primary 1,000,000 ander policy number the effective date of said (date) this insurance is excess a	and the company shall refor each accident, exclusively 201813—, issued 92-03 I policy is 05/08/ (date of the company shall not provide the company shall no	not be liable for amore sive of legal defense on 05/08/2 (date) / 2020 and the expectation of the liable for amounts cess of the underlying the sixth of the liable for amounts cess of the underlying the sixth of the liable for amounts cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the underlying the liable for a mount cess of the unde	expiration date president excess of the limit of the costs. The costs.	of said policy
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Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

- 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 Author	uf le	and for	1	
(Signature of Author	ized Represer	ntative of Insure	r)	
CR=60	Rio GO	NOSEDZ	_	
(Typed name)				
AGDI	4	E11015	4	
(Title)	•			

Authorized Representative of

(Name of Insurer)

3711 SW 137 avenue \$95 MAMI FL. 33AST

Page 2 of 2

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RECEIVED Floriessistapsetralline SP 245 r8707 ental Protection

AUG 26 2020

STATE OF FLORIDA

Permitting & Compliance

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

UK	ANAPA	INSURI	INCE COI	1 PANY	
(the "Insurer"), of	4075	SW 32	avenue	- MIDMI FL	. 3315
	(Address	of Insurer)			
hereby certifies that is environmental restora	has issued lial	bility insurance of accidental occu	overing bodily inju	ry and property damag	e including
				CORPORAT	ION
	(Name of	Insured)	***************************************		
(the "Insured"), of	8282 (Physical	NW 56 Address of Insu	STROOT	DORAL FL	. 33
in connection with the Administrative Code l	insured's oblig Rule 62-710.60	gation to demons 10(2) and 62-730	trate financial responsible.	onsibility under Florida e applies at:	i
EPA/DEP I.D. No.	1	Name	100	Physical Address	
FLR000233	403 1	SOCIATED W	1.		
	(P)	evicor la	00	82 NW 56 59 FL. 330	DUN
				PE, 350	17
inder poney number	ary and the con for each acc y/0FL 0004 489 aid policy is	npany shall not b ident, exclusive , issued on	e liable for amount of legal defense cos 10 28 20 (date)		
nder policy number	for each a	ccident in excess ccident, exclusiv	of the underlying le of legal defense of	imit of osts. The coverage is The effective cy is	provided e date of
(date)				(date)	

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 - (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.
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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.

belegges lengt
(Signature of Authorized Representative of Insure)
GREGORIO GONZALOZ
(Typed name)
ACENT E110154
(Title)
Authorized Representative of
GRANADA INSURANCO COMPANY
(Name of Insurer)
2711 SW 137 AVENUE \$95 MISMI FL 33175
(Address of Representative)