1.

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

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

der Florida dress Davie 33314 of rerage is provided	(Name of Insurer) (the "Insurer"), of 1200 Zurich Way, Schaumburg, It. 80196 (Address of Insurer) hereby certifies that it has issued liability insurance covering bodily injury and propenvironmental restoration for sudden accidental occurrences to World Petroleum Corporation (Name of Insured) (the "Insured"), of 4100 SW 47 Avenue, Davie, Ft. 39314 (Physical Address of Insured) in connection with the insured's obligation to demonstrate financial responsibility unadministrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at: EPA/DEP I.D. No. Name Physical Address of Insured.) FLD980709075 World Petroleum Corp. 3650 SW 47th Ave (If coverage is for multiple facilities, identify each facility insured.) This insurance is primary and the company shall not be liable for amounts in excess \$1.000.000 for each accident, exclusive of legal defense costs. The counder policy number BAP 0321620-00 issued on July 7, 2020 (date) The effective date of said policy is July 7, 2020 and the expiration date (date) (date) This insurance is gxcess and the company shall not be liable for amounts in excess of for each accident in excess of the underlying limit of for each accident, exclusive of legal defense costs. The counder policy number for each accident, exclusive of legal defense costs. The counder policy number is gxcess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The counder policy number is gxcess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The counder policy number is gxcess and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The counder policy number is gxcess and the company shall not be liable for amounts in excess of the underlying limit of for each accident in excess of the underlying limit of game and the company shall not be liable for amounts in excess of the underlying limit of game and	
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Mail original completed form to:

Department of Environmental Protection 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.

For assistance call: 850-245-8707

- (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)

John Harrold

(Typed name)

Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)

Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 85024518797

Florida Department of Environmental Protection

AUG 3 1 2020

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE ermitting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDER ROOGRAM

Steadfast Insurance Company							
	(Name of Insurer)						
(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196							
	(Address of Insurer)						
hereby certifies that it has issued liability insurance covering bodily injury and property damage incluenvironmental restoration for sudden accidental occurrences to							
World Petroleum Corporation							
	(Name of Insured)						
(the "Insured"), of 410	0 SW 47 Avenue, Davie, FL 33314						
((Physical Address of Insured						
	e insured's obligation to demonstra Rule 62-710.600(2) and 62-730.1	te financial responsibility under Florida 70. The coverage applies at:					
EPA/DEP I.D. No.	Name	Physical Address					
FLD980709075	World Petroleum Corn	3650 SW 47th Ave., Davie 33314					
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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)

John Harrold

(Typed name)

Vice President (Resident Insurance Agent)

(Title)

Authorized Representative of

Steadfast Insurance Company

(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2020

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.

1	If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain lorsement(s)	policies ma	y require an endorseme	nt. A s	tatement on
PR	RODUCER License # 0E67768				CONTA	CT Christin	e Milone			
Insurance Office of America					CONTACT Christine Milone NAME: PHONE (A/C, No, Ext): (954) 334-0377 (A/C, No):					
	0 W. Cypress Creek Road uite 320				E-MAIL	co. Christin	e.Milone@	ioausa.com		
Foi	ort Lauderdale, FL 33309				AUDRE					NAIC#
					INSURER(S) AFFORDING COVERAGE				26387	
ING	SURED		***		INSURER A: Steadfast Insurance Company					16535
1140										
	World Petroleum Corporation P.O. Box 291197	n			INSURER C:					+
	Davie, FL 33329				INSURER D :					+
					INSURER E :					-
	01/504.050	F1 F1 4	~ ~ ~		INSURER F:					
				E NUMBER:				REVISION NUMBER:		
C	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	PER POLIC	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α								EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	X		GPL 0321621-00		7/7/2020	7/7/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO-			5				PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		E	BAP 0321620-00		7/7/2020	7/7/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Poll Liab CA9948								\$	
Α	C UMBRELLA LIAB X OCCUR			SXS 0321622-00		7/7/2020	7/7/2021	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		SXS					AGGREGATE	s	10,000,000
	DED RETENTION\$							s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-		
		N/A	WC 0321619-00		7/7/2020	7/7/2020	7/7/2021	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	1,000,000
Α				EPC 08632361-00		7/7/2020	7/7/2021	Each Pollution event	Ψ	1,000,000
A	Site Pollution			EPC 08632361-00	1	7/7/2020	7/7/2021	Aggregate Policy		3,000,000
					1	1				
10 D	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Days' notice of cancellation, except 10 Daysess Liability coverage is excess over Env	ys' n	iotice	of cancellation for non-pa	yment	of premium ii	n accordance	with policy provisions.		
tate	te of Florida is named as additional insure	ed w	ith re	spect to general liability, w	here re	quired by wr	itten contrac	t or agreement.		
CEI	DTIEICATE HOLDED				CANC	ELL ATION				
CERTIFICATE HOLDER					CANCELLATION					
					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
					AUTHOR	ZED REPRESEN	ITATIVE			

Tallahassee, FL 32315 ACORD 25 (2016/03)

PO Box 3070

The Department of Environmental Protection

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