

OCT 07 2020

Permitting & Compliance
Assistance Program
For assistance call: 850-245-8707

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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

1. National Liability & Fire Insurance Company
(Name of Insurer)
(the "Insurer"), of 1314 Douglas Street, Ste 1400, Omaha, NE 68102
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Environmental Management Conservation Oil Corp.
(Name of Insured)
(the "Insured"), of 8470 NW 68th Street, Miami, FL 33166
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000000166	Environmental Management Conservation Oil Corp.	8470 NW 68th Street, Miami, FL 33166

(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 of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 73TRB003698, issued on 9/16/2020.
(date)

The effective date of said policy is 9/16/2020 and the expiration date of said policy is 8/17/2021.
(date) (date)

This insurance is excess 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 coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (date) (date)

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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.

Fabian Piorno
(Signature of Authorized Representative of Insurer)

Fabian Piorno
(Typed name)

Agent
(Title)

Authorized Representative of

National Liability & Fire Insurance Company
(Name of Insurer)

3250 N 29th Ave, Hollywood, FL 33020
(Address of Representative)

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RECEIVED
Florida Department of Environmental
Protection
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Assistance Program

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

1. Nautilus Insurance Company
(Name of Insurer)
(the "Insurer"), of 7233 East Butherus Drive, Scottsdale, AZ 85260
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Environmental Management Conservation Oil Corp.
(Name of Insured)
(the "Insured"), of 8470 NW 68th Street, Miami, FL 33166
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000000166	Environmental Management Conservation Oil Corp.	8470 NW 68th Street, Miami, FL 33166

(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 of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ECP2032812-10, issued on 8/17/2020.
(date)


The effective date of said policy is 8/17/2020 and the expiration date of said policy is 8/17/2021.
(date) (date)

This insurance is excess 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 coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (date) (date)

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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)

Fabian Piorno

(Typed name)

Agent

(Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

3250 N 29th Ave, Hollywood, FL 33020

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2020

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. 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 constitute an endorsement or a contract. For more information, contact your broker or agent.

PRODUCER Risk Strategies Company 3250 N. 29th Ave Hollywood, FL 33020 OCT 07 2020 Permitting & Compliance Assistance Program	CONTACT NAME: Fabian Piorno PHONE (A/C, No, Ext): (954) 889-3276 FAX (A/C, No): (954) 889-3277 E-MAIL ADDRESS: fpiorno@advancedins.com INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company NAIC # 17370 INSURER B: National Liability & Fire Insurance Co 20052 INSURER C: CM Vantage Specialty Insurance Company 15872 INSURER D: Kinsale Insurance Company 38920 INSURER E: Liberty Surplus Insurance Corporation 10725 INSURER F:
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COVERAGES

CERTIFICATE NUMBER: 57961647

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 SUBR INSD 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 <input checked="" type="checkbox"/> BI/PD Ded \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECP2032812-10	8/17/2020	8/17/2021	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 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		73TRB003698	9/16/2020	8/17/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor Pollution Liability		ECP2032812-10	8/17/2020	8/17/2021	\$1,000,000/Ded \$5K per Claim/Claims Made
A	Employee Benefits Liability		ECP2032812-10	8/17/2020	8/17/2021	\$1,000,000/Ded \$1,000 per Claim
C	Property /Hazard		CMV-PRP-0021494-01	8/17/2020	8/17/2021	See Additional Remarks Schedule
D	Windstorm		0100123998-0	8/17/2020	8/17/2021	See Additional Remarks Schedule

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Department of Environmental Protection Attn: Janet Ashwood 2600 Blair Stone Road Tallahassee FL 32399-2400	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 Mike Christian <i>M B Christian</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Risk Strategies Company		NAMED INSURED Environmental Management Conservation Oil Corp. dba EMC Oil Corp. 8470 NW 68th Street Miami FL 33166	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Department of Environmental Protection

ADDRESS: Attn: Janet Ashwood 2600 Blair Stone Road Tallahassee FL 32399-2400

Schedule of Named Insured:
Environmental Management Conservation Oil Corp. / EMC Oil Corp. / EMC Construction Debris Removal Services / EMC Roll Off Services / Leon Property Investment, LLC / Mel Property, Inc.

Insurer B: Auto Liability
Comprehensive Deductible \$3,000
Collision Deductible \$3,000

INSURER C: Hazard/Property
Premises: 8470 NW 68th Street, Miami, FL 33166/ Bldg \$550,000/ Contents \$92,900/ BI \$300,000
Special Form: 80% Coinsurance, Valuation: Replacement Cost, Deductible \$25,000.

INSURER D: Windstorm
Building Value \$942,900; \$25,000 Wind/Hail per occurrence deductible; 5% Named Windstorm per occurrence subject to a \$50,000 minimum deductible

INSURER E: Above Ground Storage Tank Liability
Policy Period: 08/17/2020 - 08/17/2021
Policy Number: IRONTX00905921
Limit of Liability: \$1,000,000 each Incident Limit/Aggregate Limit \$2,000,000
Tank 1: \$15,000 Deductible Each Pollution Incident
Tank 2: \$25,000 Deductible Each Pollution Incident