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

RECEIVED

Florida Department of Environmental Protection

OCT 07 2020

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE HAZARDOUS WASTE TRANSPORTER AND USED OF LET

ARCH Insurance Company		
	(Name of Insurer)	
(the "Insurer"), of 330 Bosto	on Post Road, Ste 200, Darien, CT 06820	
,	(Address of Insurer)	
hereby certifies that it has environmental restoration	issued liability insurance covering for sudden accidental occurrence	g bodily injury and property damage including es to
Photographic Waste Control, I	Inc.	
	(Name of Insured)	
(the "Insured"), of <u>1943 Hi</u>	igh St., Longwood, FL 32750	
	(Physical Address of Insured)	
in connection with the ins Administrative Code Rule	sured's obligation to demonstrate e 62-710.600(2) and 62-730.170.	financial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
	Maste Control I	nc 1943 High St, Longwood, FL 327
This insurance is primary	le facilities, identify each facility and the company shall not be lia for each accident, exclusive of le	ble for amounts in excess of
under policy number FBC	AT0224608 , issued on 09/25	gat detense costs. The coverage is provided
		2020
		(date)
The effective date of said		2020
is 09/09/2021	l policy is 09/09/2020	(date)
is 09/09/2021 (date)	l policy is <u>09/09/2020</u> (date)	(date) and the expiration date of said policy
is 09/09/2021 (date) This insurance is excess a	I policy is 09/09/2020 (date)	(date)and the expiration date of said policy le for amounts in excess of
is 09/09/2021 (date) This insurance is excess a	d policy is 09/09/2020 (date) and the company shall not be liable for each accident in excess of	(date) and the expiration date of said policy le for amounts in excess of the underlying limit of
is 09/09/2021 (date) This insurance is excess as	d policy is 09/09/2020 (date) and the company shall not be liab for each accident in excess of for each accident, exclusive of	(date) and the expiration date of said policy le for amounts in excess of the underlying limit of legal defense costs. The coverage is provided The effective date of
is 09/09/2021 (date) This insurance is excess as second	and the company shall not be liab for each accident in excess of for each accident, exclusive of issued on	(date) and the expiration date of said policy le for amounts in excess of the underlying limit of legal defense costs. The coverage is provided

- 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)

Brenda Ryberg

(Typed name)

VP, Program Manager Hazmat Trucking, FEI Insurance

(Title)

Authorized Representative of

ARCH Insurance Company

(Name of Insurer)

330 Boston Post Road, Ste 200, Darien, CT 06820

(Address of Representative)