

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

NOV 02 2020

Permitting & Compliance
Assistance Program

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

1. Zurich American Insurance Company

(Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196

(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

Shamrock Environmental Corporation

(Name of Insured)

(the "Insured"), of 6106 Corporate Park Drive, Browns Summit, NC 27214

(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:

EPA/DEP I.D. No.

Name

Physical Address

NC0000942144 Shamrock Environmental Corp

6106 Corporate Park Drive, Browns Summit, NC 27214

(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
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number BAP3433313, issued on 10/01/2020.
(date)

The effective date of said policy is 10/01/2020 and the expiration date of said policy
(date)
is 10/01/2021.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ 5,000,000.00 for each accident in excess of the underlying limit of
\$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number MKLV2EFX100569, issued on 10/01/2020. The effective date of
(date)
said policy is 10/01/2020 and the expiration date of said policy is 10/01/2021.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
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.

Amy Summers
Amy Summers

Digitally signed by Amy Summers
DN: C=US, O=Scott Insurance, CN=Amy Summers, E=asummers@scotins.com
Reason: I am the author of this document
Location: your signing location here
Date: 2020.10.20 10:51:05
Foxit PhantomPDF Version: 9.7.1

(Signature of Authorized Representative of Insurer)

Amy Summers

(Typed name)

Commercial Account Analyst

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

628 Green Valley Rd., #306, Greensboro, NC 27408

(Address of Representative)

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

1. Evanston Insurance Company

(Name of Insurer)

(the "Insurer"), of Ten Parkway North, Deerfield IL 60015

(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

Shamrock Environmental Corporation

(Name of Insured)

(the "Insured"), of 6106 Corporate Park Drive, Browns Summit, NC 27214

(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:

EPA/DEP I.D. No.

Name

Physical Address

NC0000942144 Shamrock Environmental Corp

6106 Corporate Park Drive, Browns Summit, NC 27214

(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 \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MKLV2ENV101881, issued on 10/01/2020.
(date)

The effective date of said policy is 10/01/2020 and the expiration date of said policy is 10/01/2021.
(date) (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000.00 for each accident in excess of the underlying limit of \$ 5,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MKLV2EFX100569, issued on 10/01/2020. The effective date of said policy is 10/01/2020 and the expiration date of said policy is 10/01/2021.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
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.


Amy Summers

Digitally signed by Amy Summers
DN: C=US, O=Scott Insurance, CN=Amy Summers, E=asummers@scottins.com
Reason: I am the author of this document
Location: your signing location here
Date: 2020-10-20 10:57:23
Foxit PhantomPDF Version: 9.7.1

(Signature of Authorized Representative of Insurer)

Amy Summers

(Typed name)

Commercial Account Analyst

(Title)

Authorized Representative of

Evanston Insurance Company

(Name of Insurer)

628 Green Valley Rd., #306, Greensboro, NC 27408

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2020

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 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 Scott Ins (Greensboro) 628 Green Valley Road Ste. 306 Greensboro NC 27408		CONTACT NAME: Amy Summers PHONE (A/C, No, Ext): 336-510-0075 E-MAIL ADDRESS: asummers@scottins.com FAX (A/C, No): 434-455-8965	
INSURED Shamrock Environmental Corporation 6106 Corporate Park Drive Browns Summit NC 27214		INSURER(S) AFFORDING COVERAGE INSURER A : Zurich American Insurance Company (A+) NAIC # 16535 INSURER B : Evanston Insurance Company (A) 35378 INSURER C : Navigators Specialty Insurance Company (A+) 36056 INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 2105486438

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 INSD	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 <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X.C.U. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GLO 3433314	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$500 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$1,000	Y		BAP 3433313	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Endorsement \$ MCS-90
B C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		Y	MKL2EFX100569 GA20EXCZ02LTYIC	10/1/2020 10/1/2020	10/1/2021 10/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Excess over Umbrella \$ 3,000,000
A	<input checked="" type="checkbox"/> 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 N	N/A	WC 3433312	10/1/2020	10/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	Contractor Pollution/Professional Installation Floater			MKL2ENV101881 CPP015825804	10/1/2020 10/1/2020	10/1/2021 10/1/2021	10,000,000 per occur 1,000,000 10,000,000 per agg

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

Certificate Holder is additional insured as respects General Liability, Auto and Excess Liability as required by a written contract.

CERTIFICATE HOLDER

CANCELLATION

State of Florida Dept. of Environmental Protection
 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

Kew-Kew-Kew

© 1988-2014 ACORD CORPORATION. All rights reserved.