Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance salt 250-245-8707
Florida Department of Environmental Protection

JAN 27 2021

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANGEING & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OF FRANCE OF THE PROPERTY OF THE PRO

ARCH Insurance Company		
(Name of Insurer)	
(the "Insurer"), of 330 Boston I	Post Road, Ste 200, Darien, CT 06820	
(Address of Insurer)	
hereby certifies that it has is environmental restoration for	sued liability insurance covering sudden accidental occurrence	g bodily injury and property damage includings to
World Resources Company		
(Name of Insured)	
(the "Insured"), of 170 Walnu	ut Lane, Pottsville, PA 17901	
(Physical Address of Insured)	
in connection with the insur Administrative Code Rule 6	red's obligation to demonstrate 52-710.600(2) and 62-730.170.	inancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
	d Resources Company	170 Walnut Lane, Pottsville, PA 179
(If coverage is for multiple	facilities, identify each facility	insured.)
This insurance is <u>primary</u> at S 1,000,000 for	nd the company shall not be liab	gal defense costs. The coverage is provided
under policy number FBCAT	Γ0061316 , issued on 01/14/	2021
•		(1.4.)
		(date)
The effective date of said p	olicy is 02/01/2021 (date)	and the expiration date of said policy
is02/01/2022	01103 13	•
	01103 13	•
is02/01/2022 (datc)	(date)	and the expiration date of said policy
is 02/01/2022 (date) This insurance is excess and S	d the company shall not be liab	and the expiration date of said policy de for amounts in excess of the underlying limit of
is 02/01/2022 (datc) This insurance is excess and S	d the company shall not be liab for each accident in excess of to	and the expiration date of said policy le for amounts in excess of the underlying limit of legal defense costs. The coverage is provide
is 02/01/2022 (date) This insurance is excess and S	d the company shall not be liab for each accident in excess of to	and the expiration date of said policy le for amounts in excess of the underlying limit of legal defense costs. The coverage is provide . The effective date o
is 02/01/2022 (date) This insurance is excess and S	d the company shall not be liab for each accident in excess of to for each accident, exclusive of , issued on	and the expiration date of said policy le for amounts in excess of the underlying limit of legal defense costs. The coverage is provide

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)

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)