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

1. Steadfast Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196-1056
(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

Cliff Berry, Inc.
(Name of Insured)

(the "Insured"), of 851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316
(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
FLD058560699	Cliff Berry, Inc. - Miami	3033 NW North River Dr., Miami, FL 33142-6304
FLR000083071	Cliff Berry, Inc. - Fort Lauderdale	3400 SE 9th Ave., Dania Beach, FL 33316
FLR000009266	Cliff Berry, Inc. - Ft. Pierce	400 Angle Rd., Ft. Pierce, FL 34947-2501
FLR000119792	Cliff Berry, Inc. - Canaveral	5855 Industrial Dr., Cocoa, FL 32927-4608
FLR000119784	Cliff Berry, Inc.- Jacksonville	1518 Talleyrand Ave., Jacksonville, FL 32206-5436
FLR000013888	Cliff Berry, Inc.	5218 Saint Paul St., Tampa, FL 33619-6118

(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 GPL 0274654-03, issued on 12/31/2020 (date).

The effective date of said policy is 12/31/2020 (date) and the expiration date of said policy is 12/31/2021 (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 _____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(c), F.A.C., Effective Date 4-23-13