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

assistance call: 8505145707 Florida Department of Environmental Protection

2 7 2021

#### STATE OF FLORIDA Hazardous Waste CERTIFICATE OF LIABILITY INSURANCE agement & Permitting HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDI

	(Name of Insurer)		
(the "Insurer"), of 800 Gessne	er Rd Suite 600 Houston, TX 77024		
	(Address of Insurer)		
hereby certifies that it has i	issued liability insurance of sudden accidental occi	overing bodily injury and proper prences to	erty damage includin
Stranco, LLC			
	(Name of Insured)		
(the "Insured"), of 70459 Hwy	59 Abita Springs, LA 70420		
	(Physical Address of Insu	red)	
in connection with the insur Administrative Code Rule (	red's obligation to demons 62-710.600(2) and 62-730	trate financial responsibility un .170. The coverage applies at:	ıder Florida
EPA/DEP I.D. No.	Name	Physical Ad	dress
LAD980796627	Stranco, LLC	70459 Hwy 59 Abita S	nrings I A 704
(If governge is for multiple	fooilision idensify and C		
(If coverage is for multiple	facilities, identify each fac	cility insured.)	
This insurance is <u>primary</u> ar	nd the company shall not I	be liable for amounts in excess of	of
This insurance is <u>primary</u> ar	nd the company shall not l	be liable for amounts in excess of legal defense costs. The cov	of verage is provided
This insurance is <u>primary</u> an \$1,000,000 for	nd the company shall not l	be liable for amounts in excess of legal defense costs. The cov	of verage is provided
This insurance is <u>primary</u> an \$1,000,000 for	nd the company shall not lar each accident, exclusive	pe liable for amounts in excess of legal defense costs. The cov	erage is provided
This insurance is <u>primary</u> ar  \$ 1,000,000 for under policy number ECAP1.  The effective date of said po	nd the company shall not lar each accident, exclusive	oe liable for amounts in excess of legal defense costs. The cov	erage is provided
This insurance is <u>primary</u> ar \$ 1,000,000 for under policy number ECAP1-	nd the company shall not lar each accident, exclusive mic-ca-000123-01, issued on olicy is 05/31/2021	oe liable for amounts in excess of legal defense costs. The cov	erage is provided
This insurance is <u>primary</u> at \$1,000,000 for under policy number ECAP1.  The effective date of said policy is 05/31/2022 (date)	nd the company shall not lar each accident, exclusive suc-cA-000123-01, issued on colicy is 05/31/2021 (date)	oe liable for amounts in excess of legal defense costs. The cov	verage is provided of said policy
This insurance is <u>primary</u> at \$1,000,000 for under policy number ECAP1.  The effective date of said policy of the primary at	nd the company shall not lar each accident, exclusive lic-cA-000123-01, issued on olicy is 05/31/2021 (date)	pe liable for amounts in excess of legal defense costs. The covalization (date)  and the expiration date  liable for amounts in excess of	verage is provided of said policy
This insurance is primary at \$1,000,000 for under policy number ECAP1.  The effective date of said policy of the p	nd the company shall not lar each accident, exclusive lic-cA-000123-01, issued on lolicy is 05/31/2021 (date)  If the company shall not be for each accident in exces	ce liable for amounts in excess of legal defense costs. The cov 15/25/2021  (date)  and the expiration date  liable for amounts in excess of sof the underlying limit of	verage is provided of said policy
This insurance is primary at \$1,000,000 for under policy number ECAP1.  The effective date of said policy of the p	nd the company shall not lar each accident, exclusive lic-cA-000123-01, issued on lolicy is 05/31/2021 (date)  If the company shall not be for each accident in exces	de liable for amounts in excess of legal defense costs. The covaluate (date)  and the expiration date liable for amounts in excess of sof the underlying limit of the of legal defense costs. The con T	verage is provided of said policy
This insurance is primary at \$1,000,000 for under policy number ECAP1.  The effective date of said policy of the p	nd the company shall not let each accident, exclusive lic-cA-000123-01, issued on colicy is 05/31/2021 (date)  I the company shall not be for each accident in exces for each accident, exclusive issued	ce liable for amounts in excess of legal defense costs. The covered by the costs of legal defense costs. The covered by the costs of the underlying limit of the costs of legal defense costs. The costs of legal defense costs.	verage is provided of said policy coverage is provided the effective date of

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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.

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- (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)

# John F McCarthy

(Typed name)

### Vice President

(Title)

Authorized Representative of

# Imperium Insurance Company

(Name of Insurer)

800 Gessner Rd Ste 600 Houston, TX 77024

(Address of Representative)

For assistance call: 850-245-8707

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

Houston Specialty Insurance Compa	ny	
	(Name of Insurer)	
(the "Insurer"), of 800 Gessne	er Rd Suite 600 Houston, TX 77024	
	(Address of Insurer)	·
hereby certifies that it has environmental restoration	issued liability insurance of for sudden accidental occu	covering bodily injury and property damage inclusivences to
Stranco, LLC		
	(Name of Insured)	
(the "Insured"), of 70459 Hw	y 59 Abita Springs, LA 70420	
	(Physical Address of Insu	red)
in connection with the insu Administrative Code Rule	red's obligation to demons 62-710.600(2) and 62-730	strate financial responsibility under Florida 0.170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
LAD980796627	Stranco, LLC	70459 Hwy 59 Abita Springs, LA 70
(If coverage is for multiple	facilities, identify each fac	cility insured.)
\$fo	r each accident, exclusive	oe liable for amounts in excess of of legal defense costs. The coverage is provide
under policy number	, issued on_	(date)
The -66-4: 1-4. C 1	1	
The effective date of said p	olicy is(date)	and the expiration date of said policy
is 05/31/2022		
(date)		
\$ 4,000,000		
\$ 1,000,000	for each accident in excess	liable for amounts in excess of s of the underlying limit of
	for each accident in excess for each accident, exclusive	s of the underlying limit of we of legal defense costs. The coverage is provide
under policy number ECAP1-	for each accident in excess for each accident, exclusive	s of the underlying limit of re of legal defense costs. The coverage is provid on 05/25/2021 . The effective date
	for each accident in exces for each accident, exclusive HS-CX-000123-01, issued	s of the underlying limit of we of legal defense costs. The coverage is provide

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Department of Environmental Protection 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.

For assistance call: 850-245-8707

- (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)

## John F McCarthy

(Typed name)

### Vice President

(Title)

Authorized Representative of

## Houston Specialty Insurance Company

(Name of Insurer)

800 Gessner Rd Ste 600 Houston, TX 77024

(Address of Representative)

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For assis and coll : \$50-245-8707 **Protection** 

MAY 27 2021

Hazardous Waste Management & Permitting

#### STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides 1. liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:		
EPA/DEP I.D. No.	Name	Physical Address
LAD980796627	Stranco, LLC	70459 HWY 59 Abita Springs, LA 70420
(If coverage is for multiple facil	lities, identify each facili	ty insured.)
This insurance is <u>primary</u> and the \$\_1,000,000 for		liable for amounts in excess of of the legal defense costs.
	e company shall not be l ach accident in excess of ach accident, exclusive o	the underlying limit of
conditions of the policy; provide	ed, however, that any pro	urrences is subject to all of the terms and ovisions of the policy inconsistent with amended to conform with subsections (a)
(a) Bankruptcy or insolven under the policy to which this en		ot relieve the Insurer of its obligations
(b) The Insurer is liable for policy, with a right of reimburse	the payment of amounts ement by the insured for	within any deductible applicable to the any such payment made by the Insurer.
(c) Whenever requested by Environmental Protection (FDE duplicate original of the policy a	P), the Insurer agrees to	ee) of the Florida Department of furnish to the Department a signed
termination of this endorsement	(e.g., expiration, non-remember expiration of thirty (30)	e Insurer or the insured and any other newal), will be effective only upon days after a copy of such written notice y certified mail return receipt.

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For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

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.

Attached to and forming part of policy No	issued by
Imperium Insurance Company, herein called the Insurer, of	
[Name of Insurer]	
800 Gessner Rd Suite 600 Houston, TX 77024	4 to
[Address of Insurer]	
Stranco, LLC	of
[Name of Insured]	
70459 HWY 59 Abita Springs, LA 70420	
[Physical Address of Insured]	
this $\frac{25}{\text{(Day)}} \frac{\text{May of May}}{\text{(Month)}}$ , $\frac{20}{\text{(Year)}}$ .	
The effective date of said policy is 31 day of May (Month), 2021.	
The expiration date of said policy is 31 day of May (Year)  (Day) (Month) (Year)	)

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 or more states including Florida.

[Signature of Authorized Representative of Insurer]	_
John F McCarthy	
[Type Name]	
Vice President	
[Title]	
Authorized Representative of	
Imperium Insurance Company	
[Name of Insurer]	=

800 Gessner Rd Ste 600 Houston, TX 77024

[Address of Representative]

#### STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at: EPA/DEP I.D. No. Name Physical Address LAD980796627 Stranco, LLC 70459 HWY 59 Abita Springs, LA 70420 (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 for each accident, exclusive of the legal defense costs. This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs.

- The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
- 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.
- 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.
- Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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Tallahassee, Florida 32399-2400

The Insurer shall not be liable for the payment of any judgment or judgments against the (e) 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.

Attached to and forming part of policy No. ECAP1-HS-CX-000123-01 issued by Houston Specialty Insurance Company , herein called the Insurer, of [Name of Insurer] 800 Gessner Rd Suite 600 Houston, TX 77024 to [Address of Insurer] Stranco, LLC of [Name of Insured] 70459 HWY 59 Abita Springs, LA 70420 [Physical Address of Insured]  $this \frac{25}{(Day)} day of \frac{May}{(Month)}, 20 \frac{21}{(Year)}.$ The effective date of said policy is  $\frac{31}{\text{(Day)}}$   $\frac{\text{May}}{\text{(Month)}}$ ,  $\frac{20}{\text{(Year)}}$  The expiration date of said policy is  $\frac{31}{\text{(Day)}}$   $\frac{\text{May}}{\text{(Month)}}$ ,  $\frac{20}{\text{(Year)}}$ .

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 or more states including Florida.

[Signature of Authorized Representative of Insurer]

## John F McCarthy

[Type Name]

#### Vice President

[Title]

Authorized Representative of

#### Imperium Insurance Company

[Name of Insurer]

## 800 Gessner Rd Ste 600 Houston, TX 77024

[Address of Representative]