Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

RECEIVED For assistance call seems secot of Environmental **Protection**

JUL 06 2021

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

Hazardous Waste

Zunch American Insurance Compa	iux	
	(Name of Insurer)	
(the "Insurer"), of 1299 Zur	rich Way. Schaumburg, IL 60196-1056	
	(Address of Insurer)	
-	s issued liability insurance coverin n for sudden accidental occurrence	ng bodily injury and property damage includi esto
USES Corp.		
	(Name of Insured)	
(the "Insured"), of 149501	Heathrow Forest Parkway #470. Houston, TX 770.	32
, , , , ,	(Physical Address of Insured)	
	sured's obligation to demonstrate fine 62-710.600(2) and 62-730.170.	inancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
	ited States Environmental	Services II C
(If coverage is for multipl	le facilities, identify each facility in	nsured.)
This insurance is primary	and the company shall not be liable	le for amounts in excess of
\$ 1.000.000	for each accident, exclusive of lega	al defense costs. The coverage is provided
under policy number BAP	8673257-03 , issued on 7/1/2021	
		(date)
The effective date of said	policy is 7/1/2021 (date)	and the expiration date of said policy
is 71/2022		
(date)		
	nd the company shall not be liable	for amounts in avenue of
This insurance is excess a		TOT WITHOUTER III CYCC22 OF
\$ 1.000.000	_for each accident in excess of the	e underlying limit of
\$ 1.000,000 \$ 1.000,000	_for each accident, exclusive of le	e underlying limit of egal defense costs. The coverage is provided
\$ 1.000.000		e underlying limit of egal defense costs. The coverage is provided The effective date of
\$ 1,000,000 \$ 1,000,000	_for each accident, exclusive of le	e underlying limit of egal defense costs. The coverage is provided The effective date of (date)

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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)

Kevin D. Andersen, CIC, CRM
(Typed name)

Senior Underwriter
(Title)

Authorized Representative of

Zurich American Insurance Company
(Name of Insurer)