For assistance call: 850-245-8707

RECEIVED

SEP 29 7021

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

DIVISION OF WASTE MANAGEMENT

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The effective date
The effective date y is 10/1/2022
n

(date)

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

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- 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.

Peter Heal

Digitally signed by Peter Heal Date: 2021.09.27 08:01:19 -05'00'

(Signature of Authorized Representative of Insurer)

Peter Heal

(Typed name)

Account Manager

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 S Moorland Road, Brookfield, WI 53005

(Address of Representative)

1.

For assistance call: 850-245-8707

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

	(Name of Insurer)	
(the "Insurer"), of 445 South M	doorland Road, Brookfield, WI 53005	
	(Address of Insurer)	
hereby certifies that it has is environmental restoration f	ssued liability insurance covering or sudden accidental occurrences	bodily injury and property damage includito
TRANSFLO Terminal Services, Inc.		
	(Name of Insured)	
(the "Insured"), of 5000 Water	Street J975, Jacksonville, FL 32202	
	(Physical Address of Insured)	
in connection with the insur Administrative Code Rule 6	red's obligation to demonstrate fir 62-710.600(2) and 62-730.170.	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000105338 Ta	mna TRANSELO Termina	al 504 N 34th St. Tampa, FL 330
(If coverage is for multiple	facilities, identify each facility ins	sured.)
This insurance is <u>primary</u> ar \$ \$5,000,000 for	nd the company shall not be liable each accident, exclusive of legal	
This insurance is <u>primary</u> ar	nd the company shall not be liable each accident, exclusive of legal	for amounts in excess of
This insurance is <u>primary</u> ar \$ \$5,000,000 for	nd the company shall not be liable each accident, exclusive of legal 05432-21, issued on 10/1/2021	e for amounts in excess of defense costs. The coverage is provided
This insurance is <u>primary</u> ar \$5,000,000 for under policy number MWTB 3 The effective date of said policy is 10/1/2022	nd the company shall not be liable each accident, exclusive of legal 05432-21, issued on 10/1/2021 olicy is 10/1/2021	e for amounts in excess of defense costs. The coverage is provided (date)
This insurance is <u>primary</u> ar \$5,000,000 for under policy number MWTB 3	nd the company shall not be liable each accident, exclusive of legal 05432-21, issued on 10/1/2021 olicy is 10/1/2021	e for amounts in excess of defense costs. The coverage is provided (date)
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This insurance is primary ar \$ \$5,000,000 for under policy number MWTB 3 The effective date of said policy for form of the policy number of the feeting date of said policy for form of the feeting date. This insurance is excess and for feeting date.	ad the company shall not be liable each accident, exclusive of legal obtained, issued on 10/1/2021 olicy is 10/1/2021 (date) the company shall not be liable for each accident in excess of the	c for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of underlying limit of
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This insurance is primary ar \$ \$5,000,000 for under policy number MWTB 3 The effective date of said policy for form of the policy number of the feeting date of said policy for form of the feeting date. This insurance is excess and for feeting date.	ad the company shall not be liable each accident, exclusive of legal obtained, issued on 10/1/2021 olicy is 10/1/2021 (date) the company shall not be liable for each accident in excess of the	c for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of
This insurance is <u>primary</u> are \$5,000,000 for under policy number MWTB 3 The effective date of said posts 10/1/2022 (date) This insurance is <u>excess</u> and a second posts 10/1/2022 for the posts 10/1/2022 (date)	ad the company shall not be liable teach accident, exclusive of legal 05432-21, issued on	c for amounts in excess of defense costs. The coverage is provided (date) and the expiration date of said policy for amounts in excess of underlying limit of gal defense costs. The coverage is provided

Mail original completed form to:

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.

Peter Heal

Digitally signed by Peter Heal Date: 2021.09.27 12:32:42 -05'00'

(Signature of Authorized Representative of Insurer)

Peter Heal

(Typed name)

Account Manager

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 S Moorland Road, Brookfield, WI 53005

(Address of Representative)

For assistance call: 850-245-8707

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

Old Republic Insurance Com	npany	
	(Name of Insurer)	
(the "Insurer"), of 445	5 South Moorland Road, Brookfield, WI 53005	
`	(Address of Insurer)	
hereby certifies that environmental restor	it has issued liability insurance covering bodily in ation for sudden accidental occurrences to	ijury and property damage includi
TRANSFLO Terminal Service	es, Inc.	
	(Name of Insured)	
(the "Insured"), of 50	000 Water Street J975, Jacksonville, FL 32202	
, , ,	(Physical Address of Insured)	
in connection with th Administrative Code	ne insured's obligation to demonstrate financial researche Rule 62-710.600(2) and 62-730.170. The coverage	sponsibility under Florida age applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLD984453526	Jacksonville TRANSFLO Terminal	3796 Harrington St.
(If coverage is for mu	ultiple facilities, identify each facility insured.)	
\$ \$5,000,000	nary and the company shall not be liable for amount for each accident, exclusive of legal defense of	unts in excess of costs. The coverage is provided
under policy number	MWTB 305432-21 , issued on 10/1/2021 (date)	
	(uate)	
The effective date of		expiration date of said policy
is_10/1/2022	(date)	
(da	te)	
This insurance is exce	ess and the company shall not be liable for amoun	ats in excess of
\$	for each accident in excess of the underlying	
\$	for each accident, exclusive of legal defens	
under policy number	, issued on	The effective date of
	(date)	
said policy is	and the expiration date of said p	
(date)	and the expiration date of said p	(date)

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Tallahassee, Florida 32399-2400

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Peter Heal

Digitally signed by Peter Heal Date: 2021.09.27 12:34:42 -05'00'

(Signature of Authorized Representative of Insurer)

Peter Heal

(Typed name)

Account Manager

(Title)

Authorized Representative of

Old Republic Insurance Company

(Name of Insurer)

445 S Moorland Road, Brookfield, WI 53005

(Address of Representative)