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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707 RECEIVED

OCT 05 2021

DIVISION OF WASTE MANAGEMENT

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

	(Name of Insurer)	
(the "Insurer"), of	330 Boston Post Rd.	, Ste 200 Darien, CT 06820
1110 11100101), 01_	(Address of Insurer)	
environmental resto	ration for sudden accidental occurrence	ng bodily injury and property damage includies to
Filologiapili	(Name of Insured)	
	(Name of Insured)	
(the "Insured"), of	1943 High Street.	, Longwood, FL 32750
	(Physical Address of Insured)	
	he insured's obligation to demonstrate fee Rule 62-710.600(2) and 62-730.170.	
EPA/DEP I.D. No.	Name	Physical Address
FLD984229609	Photographic Waste Control	nc 1943 High St., Longwood, FL 32
(If coverage is for n	nultiple facilities, identify each facility i	insured.)
This insurance is pr \$ 1,000,000	imary and the company shall not be liab	ole for amounts in excess of gal defense costs. The coverage is provided
This insurance is pr \$ 1,000,000	imary and the company shall not be liab for each accident, exclusive of leg	ole for amounts in excess of
This insurance is <u>pr</u> \$ 1,000,000 under policy number	imary and the company shall not be liab for each accident, exclusive of leg FBCAT0224609 issued on	ole for amounts in excess of gal defense costs. The coverage is provided 9/28/2021
This insurance is <u>pr</u> § 1,000,000 under policy number The effective date of	imary and the company shall not be liab	ole for amounts in excess of gal defense costs. The coverage is provided 9/28/2021 (date)
This insurance is pr \$ 1,000,000 under policy number The effective date of is 9/9/2022	imary and the company shall not be liab for each accident, exclusive of leg FBCAT0224609 issued on f said policy is 9/9/2021 (date)	ole for amounts in excess of gal defense costs. The coverage is provided 9/28/2021 (date)
This insurance is pr \$ 1,000,000 under policy number The effective date of is 9/9/2022	imary and the company shall not be liab for each accident, exclusive of leg FBCAT0224609 issued on	ole for amounts in excess of gal defense costs. The coverage is provided 9/28/2021 (date)
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Mail original completed form to: D

Department of Environmental Protection For assistance call: 850-245-8707 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.
 - (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)

1800 Wazee St., Ste 300
Denver, CO 80202

(Address of Representative)