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Florida Department of Environmental

For assistance call: 850-245-8707

Mail original completed form to:

1.

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

OCT 2 2 2021

Hazardous Waste Management & Permitting

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

imperium insuran		
	(Name of Insurer)	
(the "Insurer"), of	800 Gessner Road, S	Suite 600 Houston, TX 77024
	(Address of Insurer)	
hereby certifies that it is environmental restoration	nas issued liability insurance coverin on for sudden accidental occurrence	g bodily injury and property damage includes to
SJ Transportation	Co. Inc.	
	(Name of Insured)	
(the "Insured"), of	1176 US Route 40	0 Woodstown NJ 08098
·	(Physical Address of Insured)	
in connection with the i Administrative Code Ri	nsured's obligation to demonstrate findle 62-710.600(2) and 62-730.170.	inancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD 071629976	SJ Transportation Co. Inc.	1176 US Rte 40 Woodstown NJ
(If coverage is for multi	ple facilities, identify each facility in	nsured.)
\$ 1,000,000	y and the company shall not be liable for each accident, exclusive of legal CAP1IICCA00009302, issued on	defence costs. The covernes is mustiled
		(date)
The effective date of said	d policy is 10/31/2021 (date)	and the expiration date of said policy
S_10/31/2022 (date)		
\$ 1,000,000.00 \$ 1,000,000.00 under policy number EC said policy is10/3	and the company shall not be liable for each accident in excess of the for each accident, exclusive of le AP1HSCX00009302, issued on 1/2021 and the expiration dat	e underlying limit of gal defense costs. The coverage is provide 10/15/2021 (date) the effective date of
(date)		(date)

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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.

and all
(Signature of Authorized Representative of Insurer)
John F McCarthy Jr.
(Typed name)
VP
(Title)
Authorized Representative of
Imperium Insurance Company
(Name of Insurer)
10 Centennial Drive Peabody, MA 01960
(Address of Representative)