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

RECEIVED

15 2021

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

**DIVISION OF WASTE MANAGEMENT** 

Zurich American I	nsurance Company		
	(Name of Insurer)		
(the "Insurer"), of	1299 Zurich	Way, Schaumburg, IL	60796
, , ,	(Address of Insurer)		
hereby certifies that it henvironmental restoration	nas issued liability insurance on for sudden accidental occi	covering bodily injury and prurrences to	operty damage includ
Enhanced Environ	mental & Emergency S	ervices, Inc	
	(Name of Insured)		
(the "Insured"), of		n Avenue, Pensacola, F	L 32514
	(Physical Address of Insu	red)	
in connection with the i Administrative Code Re	nsured's obligation to demonstrate 62-710.600(2) and 62-730	strate financial responsibility 0.170. The coverage applies	under Florida at:
EPA/DEP I.D. No.	Name	Physical	Address
FLR000231274	Enhanced Enviro	nmental & Emergency S	Services, Inc
(If coverage is for multi	ple facilities, identify each fa	cility insured.)	
\$ 1,000,000	y and the company shall not for each accident, exclusive BAP562773201 , issued on	of legal defense costs. The	
		(date)	
The effective date of sai	d policy is 11/01/2021 (date)	and the expiration d	ate of said policy
is_11/01/2022			
(date)			
This insurance is <u>excess</u> \$ 15,000,000.00 \$ 15,000,000.00 under policy number EX	for each accident, exclusi	ss of the underlying limit of ve of legal defense costs. The lon11/01/2021	
said policy is11/0	11/2021 and the expira	(date) tion date of said policy is	11/01/2022
(date)	•		late)

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.

— DocuSigned by:
linda Sue Ray
(Signature of Authorized Representative of Insurer)
Linda Sue Ray
(Typed name)
Senior Commercial Lines Manager
(Title)
Authorized Representative of
Zurich American Insurance Company
(Name of Insurer)
325 Settlers Trace Blvd, Suite 200, Lafayette, LA 70508
(Address of Representative)

1.

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

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

Steadfast Insura	nce Company			
	(Name of Inst	ırer)		
(the "Insurer"), of	1400 Americ	an Lane, Tow	er2, Floor 5, Scha	umburg, IL 60196
	(Address of Ir	nsurer)		
hereby certifies that it environmental restora	has issued liability tion for sudden acc	insurance coveri	ng bodily injury and pes to	property damage includir
Enhanced Enviro	nmental & Eme	ergency Service	es, Inc	
	(Name of Insu	ired)		
(the "Insured"), of	9361	Hamman Ave	nue, Pensacola,	FL 32514
`	(Physical Add	ress of Insured)		
in connection with the Administrative Code l	insured's obligation Rule 62-710.600(2)	n to demonstrate and 62-730.170.	financial responsibilit	y under Florida s at:
EPA/DEP I.D. No.	Name	<u>e</u>	Physica	l Address
FLR000231274	Enhanc	ed Environme	ntal & Emergency	Services, Inc
(If coverage is for mul	Itinle facilities ider	tify each facility	insured )	
This insurance is <u>prim</u> \$_1,000,000 under policy number	ary and the compan	y shall not be lia	ble for amounts in exc	cess of e coverage is provided
The effective date of s	aid policy is 11/01		and the expiration	date of said policy
is 11/01/2022		(date)		
(date	e)			
This insurance is <u>excess</u> 15,000,000.00 15,000,000.00 under policy number Esaid policy is 11	for each accid for each accid EX00E9921	ent in excess of t ent, exclusive of , issued on	he underlying limit of	
(date)		•		(date)

Mail original completed form to:

2.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

- 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.

DocuSigned by:
Linda Sue Ray
(Signature of Authorized Representative of Insurer)
Linda Sue Ray
(Typed name)
Senior Commercial Lines Manager
(Title)
Authorized Representative of
Steadfast Insurance Company
(Name of Insurer)
325 Settlers Trace Blvd, Suite 200, Lafayette, LA 70508
(Address of Representative)

1.

For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

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

Steadtast Insural	nce Company			
	(Name of Insurer)			
(the "Insurer"), of	1400 American Lar	ne, Tower2, Floor 5, So	chaumburg, IL 60196	
( ,,	(Address of Insurer)			
	has issued liability insurar tion for sudden accidental	nce covering bodily injury are occurrences to	nd property damage includi	
Enhanced Enviro	nmental & Emergenc	y Services, Inc		
	(Name of Insured)			
(the "Insured"), of 9361 Hamman Avenue, Pensa		nan Avenue, Pensaco	la, FL 32514	
, , , , =	(Physical Address of	(Physical Address of Insured)		
		nonstrate financial responsil -730.170. The coverage ap		
EPA/DEP I.D. No.	<u>Name</u>	Phys	sical Address	
FLR000231274	Enhanced Env	vironmental & Emerger	ncv Services. Inc	
(If coverage is for mu	Itiple facilities, identify eac	h facility incured		
(11 coverage is for ma	triple facilities, facility cae	ii iacinty insured.)		
This insurance is <u>prim</u> \$\( \) 1,000,000  under policy number		not be liable for amounts in sive of legal defense costs. on 11/01/2021		
and pondy named	, 100000	(date)		
The effective date of s	said policy is 11/01/2021	and the evnirat	ion date of said policy	
	(dat		ion date of said poney	
is 11/01/2022				
(dat	<i>c)</i>			
This insurance is exce		ot be liable for amounts in e		
\$ 15,000,000.00 \$ 15,000,000.00		excess of the underlying limi		
under policy number [	EX00E9921 is	clusive of legal defense cost sued on 11/01/2021	s. The coverage is provided.  The effective date of	
4.4		(date)		
said policy is 11				
(date)	and the ex	piration date of said policy	is 11/01/2022 (date)	

Mail original completed form to: 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.
- 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.

DocuSigned by:
linda Sur Kay
(Signature of Authorized Representative of Insurer)
( b
Linda Sue Ray
(Typed name)
Senior Commercial Lines Manager
(Title)
Authorized Representative of
Steadfast Insurance Company
(Name of Insurer)
325 Settlers Trace Blvd, Suite 200, Lafayette, LA 70508
(Address of Representative)