Mail original completed form to:

1.

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

NOV 15 2021

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURAN Offenagement & Permitting HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Zurich American Insu	urance Company	/	
(Name	of Insurer)		
(the "Insurer"), of 1400 Ame	rican Lane, Schi	uamburg, IL 601	96
	ess of Insurer)		
hereby certifies that it has issued environmental restoration for sud-	liability insurance cou den accidental occurr	vering bodily injury a	nd property damage including
Hull's Enviro	nmental Service	es, Inc.	
(Name	of Insured)		
(the "Insured"), of1810 Indu (Physic	strial Dr. Panan	na City FL 3240	5
in connection with the insured's of Administrative Code Rule 62-710	oligation to demonstr	ate financial responsi	bility under Florida plies at:
EPA/DEP I.D. No.	Name	Phy	sical Address
FLR000234492 Hull's Enviro		7.3	
(If coverage is for multiple faciliti This insurance is primary and the \$ 1,000,000 for each and the policy number BAP 6182422	company shall not be	liable for amounts in	excess of The coverage is provided
BAP 6182422	2-01 ssued on	(date)	*
The effective date of said policy is	11/01/2021 (date)		ion date of said policy
is 11/01/2022			
(date)			
This insurance is <u>excess</u> and the co \$	h accident in excess o h accident, exclusive	of the underlying limit of legal defense cost n 11/01/2021	excess of t of s. The coverage is provided The effective date of
said policy is11/01/2022	and the expiration	(date) n date of said policy	is 11/01/2022
(date)		, and borred	(date)

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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

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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 E Readnour

(Typed name)

Agent

(Title)

Authorized Representative of

**Zurich American Insurance Company** 

(Name of Insurer)

1400 American Lane, Schuamburg, IL 60196

(Address of Representative)