2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

## For assistance call: 850-245-8707

FEB 14 AM 11:16

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

XL Specialty In	surance Company		
	(Name of Insurer)		<del></del> 3
(the "Insurer"), of	505 Eagleview Boulevard,	Suite 100, Exton, PA 1934-0	0636
	(Address of Insurer)	•	
hereby certifies that it environmental restorat	nas issued liability insurance covering on for sudden accidental occurrence	g bodily injury and property damag	ge including
ERS Corp.			RECEIVED
•	(Name of Insured)		Florida Department of Envi
(the "Insured"), of		ue, Jacksonville, FL 32202	Protection FEB 1 4 2022
	(Physical Address of Insured)		
in connection with the Administrative Code R	insured's obligation to demonstrate fiule 62-710.600(2) and 62-730.170.	inancial responsibility under Florid The coverage applies at:	la Permitting & Compl Assistance Progra
EPA/DEP I.D. No.	Name	Physical Address	
FLD984261412	ERS Corp. 760	Talleyrand Avenue, Jacksonville	e. FL 32202
(If coverage is for mult	ple facilities, identify each facility ir	nsured.)	
\$_1,000,000	ry and the company shall not be liable for each accident, exclusive of legan CONTROL OF The CONTROL OF T	le for amounts in excess of all defense costs. The coverage is p8/01/2021	provided
	,	(date)	
	id policy is 08/01/2021		blicy
The effective date of satistics 08/01/2022 (date)	id policy is 08/01/2021 (date)	(date)	olicy
is 08/01/2022 (date)	id policy is 08/01/2021 (date)	(date) and the expiration date of said po	olicy
is 08/01/2022 (date) This insurance is excess	id policy is 08/01/2021  (date)  and the company shall not be liable for each accident in excess of the for each accident, exclusive of le	(date) and the expiration date of said po	s provided
is 08/01/2022 (date)  This insurance is excess 4,000,000.00 (s 1,000,000.00 under policy number U	id policy is 08/01/2021  (date)  and the company shall not be liable for each accident in excess of the for each accident, exclusive of legical data.	(date) and the expiration date of said position for amounts in excess of e underlying limit of egal defense costs. The coverage is 08/01/2021 . The effective date of the coverage is 08/01/2021.	s provided ve date of

Mail original completed form to:

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

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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.

Sough Statanke
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Head of Environmental, Property and Casualty
(Title)
Authorized Representative of
XL Specialty Insurance Company
(Name of Insurer)
505 Eagleview Boulevard, Suite 100, Exton, PA 19341-0636
(Address of Representative)