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
DEC 08 2021
DIVISION OF
WASTE MANAGEMENT

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
FLR000070565	Lighting Resources, LLC	1007 SW 16th Ln, Ocala, FL 34471

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of $ 1,000,000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of $_____ for each accident in excess of the underlying limit of $_____ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

Attached to and forming part of policy No. H08416266 015 issued by

ACE American Insurance Company, herein called the Insurer, of
[Name of Insurer]

436 Walnut Street, Philadelphia, PA 19106 to
[Address of Insurer]

Lighting Resources, LLC of
[Name of Insured]

1919 Williams Street, Suite 35, Simi Valley, CA 93065
[Physical Address of Insured]

this 1st (Day) day of October (Month), 20 21 (Year).

The effective date of said policy is 1st (Day) day of October (Month), 20 21 (Year).

The expiration date of said policy is 1st (Day) day of October (Month), 20 22 (Year).

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 or more states including Florida.

Robert Owens
[Signature of Authorized Representative of Insurer]

Robert Owens
[Type Name]

AVP
[Title]

Authorized Representative of

ACE American Insurance Company
[Name of Insurer]

11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022
[Address of Representative]

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of Liability Insurance
Effective Date: 1-29-06
DEP Application #

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. Ace American Insurance Company
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Lighting Resources, LLC
(Name of Insured)

(the "Insured"), of 1919 Williams Street, Suite 350, Simi Valley, CA 93065
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Location
FLR000070565	Lighting Resources, LLC	1007 SW 16th Ln, Ocala, FL 34471

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number H08416266 015, issued on 10/01/202021 (date).

The effective date of said policy is 10/01/2021 (date) and the expiration date of said policy is 10/01/2022 (date).

This insurance is excess and the company shall not be liable for amounts in excess of $_____ for each accident in excess of the underlying limit of $_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number_____, issued on_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

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.

Robert Owens

(Signature of Authorized Representative of Insurer)

Robert Owens

(Typed name)

AVP Underwriting

(Title)

Authorized Representative of

Ace American Insurance Company

(Name of Insurer)

436 Walnut Street, Philadelphia, PA 19106

(Address of Representative)