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

ACE AMERICAN INSU	RANCE COMPANY		
	(Name of Insurer)		- Control of the Cont
(the "Insurer"). of 4	36 WALNUT STREET, PHILADELPHIA, PENN	SYLVANIA 19106	
`	(Address of Insurer)		
	tit has issued liability insurance coveri- pration for sudden accidental occurrence		perty damage including
WASTE MANAGE	MENT, INC. OF FLORIDA		
	(Name of Insured)		
(the "Insured"), of	143 TOPPINO INDUSTRIAL DR., KE	Y WEST, FL 33040	
	(Physical Address of Insured)		
	the insured's obligation to demonstrate to Rule 62-710.600(2) and 62-730.170		
EPA/DEP I.D. No.	<u>Name</u>	Physical A	ddress
FLR000232157	WASTE MANAGEMENT INC. OF FLORIDA	143 Toppino Ind Key West, FL 3	
(If coverage is for r	nultiple facilities, identify each facility	insured.)	
S 1,000,000	imary and the company shall not be lia for each accident, exclusive of le mMT H25550328 , issued on 01/0	gal defense costs. The co	
ander poney hamot	A SOURCE OIL	(date)	
The effective date o	of said policy is 01/01/2022 (date)	and the expiration da	te of said policy
is 01/01/2023	·		
(0	late)		
S 9,000,000	ccess and the company shall not be liab for each accident in excess of	the underlying limit of	
S_1,000,000 under policy numbe	for each accident, exclusive of ar XSA H25550286 , issued on C		coverage is provided The effective date of
	Assessment and a supplier and the suppli	(date)	
said policy is $\frac{01/0}{(4-x)^2}$		date of said policy is $\frac{01}{61}$	
(date	:)	(d:	ate)

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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.

Q2/Less	
(Signature of Authorized Representative of Insurer)	
TIMOTHY F. KELLY	
(Typed name)	
Chairman/CEO	
(Title)	

Authorized Representative of

ACE AMERICAN INSURANCE COMPANY

(Name of Insurer)

3657 Briarpark Dr., Suite 700, Houston, TX 77072

(Address of Representative)