Mail ori	ginal completed form to:	Department of Environmental Pro 2600 Blair Stone Road, Mail Sta Tallahassee, Florida 32399-2400	tion 4560	Issistance call: BECEIVED Florida Department of Environmenta Protection NOV 2 3 2021		
ц	CERTI	STATE OF FLOR FICATE OF LIABILIT STE TRANSPORTER	Y INSURA	Hazardous Waste		
LL.	AZANDOUS WA	JIE IRAUSIORIER.		OILHANDLEN		
1.	Aspen Specialty Insurance Company (Name of Insurer)					
	(the "Insurer"), of 155 Fede	ral St. Suite 602. Boston, MA 02110				
	(the insurer), or <u>the two</u>	(Address of Insurer)				
		issued liability insurance covering for sudden accidental occurrences		property damage including		
	MCF Environmental, Inc.					
		(Name of Insured)				
(the "Insured"), of 4319 Tanners Church Road Ellenwood, GA 30294 (Physical Address of Insured)						
	ity under Florida es at:					
	EPA/DEP I.D. No. Name		Phys	Physical Address		
	GAR 000 061 564		4319 Tanners Church Road Ellenwood, GA 30294			
	(If coverage is for multiple facilities, identify each facility insured.) This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of $\frac{1.000,000}{1000}$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number <u>ERODEDX20</u> , issued on <u>9/30/2020</u> (date) The effective date of said policy is <u>9/30/2021</u> and the expiration date of said policy					
		(date)	ľ			
	15 9/30/022. (date)					
	\$ <u>NA</u> \$ <u>NA</u> under policy number <u>NA</u>	nd the company shall not be liable for each accident in excess of the for each accident, exclusive of le , issued on MA and the expiration da	e underlying limit gal defense costs. (date)	of The coverage is provided ——. The effective date of		
	(date)			(date)		

Page 1 of 2 DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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:
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) 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 (c) 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.

Leighanne Heron DN: cn=Leighanne Heron, o=Aspen Specialty Insurance Company, ou=Aspen Environmental, email=leighanne.heron@aspen-insurance.com, c=US Date: 2021.10.18 14:08:50 - 04'00'

(Signature of Authorized Representative of Insurer)

Leighanne Heron

(Typed name)

Associate Underwriter

(Title)

Authorized Representative of

Aspen Specialty Insurance Company

(Name of Insurer)

155 Federal St., Suite 602, Boston, MA 02110

(Address of Representative)