For assistance call: 850-245-8707

APR 7 AM10:29

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

Zurich American	Insurance Company	
,	(Name of Insurer)	
(the "Insurer"), of 12	99 Zurich Way, Schaumbı	ırg, IL 60196-1056
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Address of Insurer)	
	nas issued liability insurance covon for sudden accidental occurr	rering bodily injury and property damage including ences to
KARMI Environme	ental LLC dba EMC Oil Co).
	(Name of Insured)	
(the "Insured"), of 87	740 NW 68th Street, Mia	
	(Physical Address of Insure	1)
	nsured's obligation to demonstrule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR 000000166	KARMI Environmental	LLC dba EMC Oil Co.
(If coverage is for multi	iple facilities, identify each facil	ity insured.)
This insurance is prima	ry and the company shall not be	liable for amounts in excess of
1,000,000 f		egal defense costs. The coverage is provided
		(date)
The effective date of sa	id policy is 03/29/2022	and the expiration date of said policy
is 03/29/2023	(date)	
(date)		
This incurance is everes	<i>,</i>	
\$ \$under policy number	s and the company shall not be for each accident in excess for each accident, exclusive , issued c	of the underlying limit of of legal defense costs. The coverage is provided n The effective date of (date)
\$ \$	s and the company shall not be for each accident in excess for each accident, exclusive , issued c	of the underlying limit of of legal defense costs. The coverage is provided n The effective date of

- 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.

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Suson D. Tenaziana
(Signature of Authorized Representative of Insurer)
Susan B. Kendziora
(Typed name)
Vice President-Enterprise Support Operations
(Title)
Authorized Representative of
Zurich American Insurance Company
(Name of Insurer)
1299 Zurich Way
Schaumburg, IL 60196-1056
(Address of Representative)