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

(the "Insurer"), of 6300 (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 T9 01 Services (Name of Insured) (the "Insured"), of 7815 W 2 A 17 Hakeah F1330 A (Physical Address of Insured) in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at: EPA/DEP I.D. No. Name Physical Address Physical Address FLR DOU 222 836	Trogressive Express Insurance Compa	iny
hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to Common	(Name of Insurer)	
hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to T	(the "Insurer"), of 6300 Wilson Mill Rd May field D	44143
che "Insured"), of 1815 w 2 d 17 Hakeah H 330 d (Physical Address of Insured) in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at: EPA/DEP LD. No. Name Physical Address Physical Address CIf 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 2623566 issued on 212021 (date) The effective date of said policy is 6212021 and the expiration date of said policy is 670 each accident, exclusive of legal defense costs. The coverage is provided under policy number 262366 issued on 212021 (date) This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number 500 each accident, exclusive of legal defense costs. The coverage is provided under policy number 500 each accident, exclusive of legal defense costs. The coverage is provided under policy number 500 each accident, exclusive of legal defense costs. The coverage is provided under policy number 500 each accident of said policy is 500 each	(Address of Insurer)	
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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:
 - (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.

(Signature of Authorized Representative of Insurer)

Barbara Akch-Jonzakz
(Typed name)

Losurance agent
(Title)

Authorized Representative of

Prograssive Express Insurance Company
(Name of Insurer)

300 Wilson Mils Rd Mayheld off 44143
(Address of Representative)

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-870

APR 15 2022

DIVISION OF WASTE MANAGEMENT

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

1.	James River Insurance Company
	(Name of Insurer) Broad st 1 300 (the "Insurer"), of Richmond VA 23230
	(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
	T9 or Services The
	(the "Insured"), of 7815 w 2 xt \$7 Haleah 433014 (Physical Address of Insured)
	in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:
	EPA/DEP I.D. No. Name Physical Address FLR000 222836 T9 61 Seruce Drc
	7815W2ct 17 Haleak413301
	(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{2000}{000}\$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \frac{00}{200}\$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \frac{00}{200}\$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \frac{00}{200}\$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \frac{00}{200}\$ for each accident, exclusive of legal defense costs.
	The effective date of said policy is 11 20 2 and the expiration date of said policy (date)
	is 17 20 22 (date)
	This insurance is excess and the company shall not be liable for amounts in excess of \$5,000,000 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 00 123 1960, issued on 11 20 21. The effective date of
	said policy is 11 20 21 and the expiration date of said policy is 11 20 22
	(date) (date)

Department of Environmental Protection For a 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

- 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.

(Signature of Authorized Representative of Insurer)
Barbara Alech-Bonzalez
(Typed name)
Insurance agent
(Title)
Authorized Representative of
James River Ins Co
(Name of Insurer)
6641 Wast Broad \$ 300 Richmond VA 23230
(Address of Representative)