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

Old Republic Insurance Com	pany	
-	(Name of Insurer)	
(the "Insurer"), of Old	Republic Risk Management 445 S. Moorla	and Road Brookfield, WI 53005
	(Address of Insurer)	
	t has issued liability insurance covering tion for sudden accidental occurrence	ing bodily injury and property damage includir ces to
Landstar Inway, Inc.		
	(Name of Insured)	
(the "Insured"), of 13	410 Sutton Park Drive South, Jacksonville, FL 32224	4
. , , , ,	(Physical Address of Insured)	
	e insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.170	financial responsibility under Florida . The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
ILR000117127	Landstar Inway, Inc.	
	Road Rockford, IL 61	1102
(If coverage is for mu	ltiple facilities, identify each facility	insured.)
This insurance is <u>prir</u> \$ 1,000,000 under policy number		gal defense costs. The coverage is provided
		(date)
The effective date of		and the expiration date of said policy
is 5/1/2023	(date)	
(da	re)	
This insurance is ever	ess and the company shall not be liab	le for amounts in excess of
\$ 4,000,000	for each accident in excess of	
\$ 1,000,000		legal defense costs. The coverage is provide
under policy number	WWZX307221 22 , issued on 5	
		(date)
said policy is 5/1/202	and the expiration of	date of said policy is 5 /1 2023
(date)		(date)

Mail original completed form to:

Department of Environmental Protection 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.

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- (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)

Brenda Linton
(Typed name)

Authorized Representative
(Title)

Authorized Representative of

Old Republic Insurance Company
(Name of Insurer)

Old Republic Risk Management 445 S. Moorland Road | Brookfield, WI 53005

(Address of Representative)