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Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707



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

	(Name of Insurer)	
(the "Insurer"), of 32	50 Interstate Drive, Richfield, OH	44286
	(Address of Insurer)	
	has issued liability insurance coverin ion for sudden accidental occurrence	g bodily injury and property damage includin s to
R & R Trucking, Inc.		
	(Name of Insured)	
(the "Insured"), of <u>30</u>	22 Thunder Road, POB 545, Duer (Physical Address of Insured)	nweg, MO 64841-0545
	insured's obligation to demonstrate full 62-710.600(2) and 62-730.170.	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
MOR000501973	R & R Trucking, Inc.	302 Thunder Road, POB 545
		Duenweg, MO 64841-0545
		Duenweg, MO 64841-0545
(If coverage is for mul	tiple facilities, identify each facility i	
This insurance is prima § 1,000,000	ary and the company shall not be liab for each accident, exclusive of leg	nsured.) ble for amounts in excess of gal defense costs. The coverage is provided
This insurance is prima § 1,000,000	ary and the company shall not be liab	nsured.) ble for amounts in excess of gal defense costs. The coverage is provided
This insurance is <u>primary</u> 1,000,000 under policy number f	ary and the company shall not be liab for each accident, exclusive of leg	nsured.) ole for amounts in excess of the grant defense costs. The coverage is provided 2016
This insurance is <u>primary</u> 1,000,000 under policy number F The effective date of signs 11/01/2017	ary and the company shall not be liab for each accident, exclusive of leg RNR 8199500-03 , issued on 10/20/ aid policy is 11/01/2016 (date)	nsured.) ple for amounts in excess of tal defense costs. The coverage is provided 2016 (date)
This insurance is <u>primary</u> 1,000,000 under policy number for the effective date of second se	ary and the company shall not be liab for each accident, exclusive of leg RNR 8199500-03 , issued on 10/20/ aid policy is 11/01/2016 (date)	nsured.) ple for amounts in excess of tal defense costs. The coverage is provided 2016 (date)
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This insurance is prime \$\frac{1,000,000}{\text{under policy number }}\$ The effective date of so is \$\frac{11/01/2017}{\text{date}}\$ This insurance is excest \$\frac{8}{5}\$	ary and the company shall not be liable for each accident, exclusive of leg RNR 8199500-03, issued on _10/20/. aid policy is _11/01/2016	nsured.) ole for amounts in excess of gal defense costs. The coverage is provided 2016 (date) and the expiration date of said policy e for amounts in excess of the underlying limit of legal defense costs. The coverage is provided (date)

Mail original completed form to:

Department of Environmental Protection

2600 Blair Stone Road, Mail Station 4560

- Tallahassec, Florida 32399-2400
- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptey 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.

Chad Notin
(Signature of Authorized Representative of Insurer)
Chad Petersen
(Typed name)
Regulatory Filings Coordinator
(Title)
Authorized Representative of
National Interstate Insurance Company
(Name of Insurer)
3250 Interstate Drive, Richfield, OH 44286
(Address of Representative)