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

APR 13 AM 11:0

EVEREST NATIONAL	INSURANCE COMPAN	Y		
	(Name	of Insurer)		
(the "Insurer"), o	of 100 Everest W	ay, Warren, NJ 07	059	
,	(Addre	ess of Insurer)		
		liability insurance of den accidental occi		and property damage includi
Hittman Transport Ser				
	(Name	of Insured)		
(the "Insured"),	of 1560 Bear Creek Ro	ad, Oak Ridge, TN 37830		
		cal Address of Insu	red)	
			strate financial respondence of the coverage o	
EPA/DEP I.D. N	<u>lo.</u>	Name	<u>P</u> 1	hysical Address
TRN0000346	386 Hitt	man Transpor	t Services	
(If coverage is fo	or multiple faciliti	ies, identify each fa	cility insured.)	
This insurance is	nrimary and the	company shall not	be liable for amounts	in excess of
\$ 2,000,000	for eacl	h accident, exclusiv	ve of legal defense co	sts. The coverage is provide
under policy nur	nber EN4CA000	77-221, issued on		
			(date)	
The effective da	te of said policy i	S 05/01/2022 (date)	and the expir	ration date of said policy
is 05/01/2023		(uate)		
	(date)			
This insurance is	s excess and the c	ompany shall not h	e liable for amounts is	n excess of
\$ 2,000,000	for each	accident in excess	of the underlying limi	t of
\$ 2,000,000	for each ac	cident, exclusive o	f legal defense costs.	The coverage is provided
under policy nur	nber EN4CA0007	7-221 , issue	d on 05/01/2022	The effective date
said policy is 0	5/01/2022	and the expir	(date) ation date of said polic	cv is 05/01/2023
	late)	uno onpin	zaroz onto or onto poin	(date)

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.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) 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.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured (e) 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)
Donna Ernst
(Typed name)
Vice President, Operations
(Title)
Authorized Representative of
EVEDEOT MATIONAL INICUIDANCE COMPANY

EVEREST NATIONAL INSURANCE COMPANY

(Name of Insurer)

100 Everest Way, Warren, NJ 07059

(Address of Representative)