Tallahassee, Florida 32399-2400

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

XL Insurance Am	erica, inc.		
	(Name of Insurer)		
(the "Insurer"), of	505 Eagl	eview Blvd., Exton PA 19341	
(======================================	(Address of Insurer)	· ·	
	nas issued liability insurance on for sudden accidental occ	covering bodily injury and property damage currences to	e includir
Heritage Environr	mental Services, LLC		
	(Name of Insured)	Y	
(the "Insured"), of	7901 West More	ris Street, Indianapolis, IN 46231	
`	(Physical Address of Ins	sured)	
		nstrate financial responsibility under Florida 30.170. The coverage applies at:	L
EPA/DEP I.D. No.	<u>Name</u>	Physical Address	
ND058484114 Her	ritage Transport, LLC	1626 Research Way, Indianapolis	IN 4623
(If coverage is for multi	iple facilities, identify each f	acility insured.)	
\$ 1,000,000		t be liable for amounts in excess of re of legal defense costs. The coverage is pr	ovided
ander policy number	, 155404 01	(date)	
The effective date of sa	id policy is 8/1/2022 (date)	and the expiration date of said pol	icy
is_8/1/2023	(date)		
(date)			
This insurance is excess	and the company shall not l	be liable for amounts in excess of	
\$	for each accident in exce	ess of the underlying limit of	
\$under policy number		sive of legal defense costs. The coverage is	
under policy number			
	, issue	ed on The effective (date)	
said policy is		ed on The effective (date) ration date of said policy is	

- 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.

O I Sold +
sight alarese
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Vice President
(Title)
Authorized Representative of
XL Insurance America, Inc.
(Name of Insurer)
505 Eagleview Blvd., Exton PA 19341
(Address of Representative)

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

JUL 28 AK 10:43

For assistance call: 850-245-8707

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

XL Specialty Insu				
	(Name of Insurer)			
(the "Insurer"), of	505 Eagleview Blvd., Exton PA 19341			
	(Address of Insurer)		· · · · · · · · · · · · · · · · · · ·	
	nas issued liability insurance on for sudden accidental occ		roperty damage includ	
Heritage Environr	mental Services, LLC			
	(Name of Insured)	1:		
(the "Insured"), of	7901 West (Physical Address of Inst	Morris Street, Indiana	apolis,	
	(Physical Address of Inst	ıred)		
	nsured's obligation to demonule 62-710.600(2) and 62-73			
EPA/DEP I.D. No.	<u>Name</u>	Physical	Address	
ND058484114 Her	ritage Transport, LLC	1626 Research Way, I	ndianapolis IN 46	
	ple facilities, identify each fa			
(If coverage is for multi	ry and the company shall not	be liable for amounts in exce		
(If coverage is for multi	ry and the company shall not	be liable for amounts in exce		
(If coverage is for multi This insurance is primal under policy number The effective date of sai	ry and the company shall notfor each accident, exclusive, issued on	be liable for amounts in exce	coverage is provided	
(If coverage is for multi This insurance is primal \$ under policy number The effective date of sains	ry and the company shall not	be liable for amounts in exceeding the defense costs. The (date)	coverage is provided	
(If coverage is for multi This insurance is <u>primar</u> \$under policy number The effective date of sais(date)	ry and the company shall notfor each accident, exclusive, issued on id policy is (date)	be liable for amounts in exceeding the defense costs.	coverage is provided	
(If coverage is for multi This insurance is primal \$under policy number The effective date of sai is(date) This insurance is excess	ry and the company shall not for each accident, exclusive , issued on id policy is (date)	be liable for amounts in exceed of legal defense costs. The date) and the expiration of the liable for amounts in exceed	coverage is provided	
(If coverage is for multi This insurance is primar \$under policy number The effective date of sai is(date) This insurance is excess \$ 4,000,000.00 \$ 1,000,000.00	ry and the company shall notfor each accident, exclusive, issued on, issued on (date) and the company shall not b for each accident in exce for each accident, exclus	be liable for amounts in exceeded of legal defense costs. The defense costs and the expiration of the liable for amounts in excess sof the underlying limit of	coverage is provided date of said policy s of	
(If coverage is for multi This insurance is primal \$under policy number The effective date of sais (date) This insurance is excess \$ 4,000,000.00	ry and the company shall notfor each accident, exclusive, issued on, issued on (date) and the company shall not b for each accident in exce for each accident, exclus	be liable for amounts in exceed of legal defense costs. The date and the expiration of the liable for amounts in excess of the underlying limit of live of legal defense costs. The many state of legal defense costs. The don 8/1/2022	coverage is provided date of said policy s of	
(If coverage is for multi This insurance is primal Lunder policy number The effective date of said (date) This insurance is excess 4,000,000.00 1,000,000.00 under policy number	ry and the company shall not for each accident, exclusive issued on id policy is	be liable for amounts in exceed of legal defense costs. The determined (date) and the expiration of the liable for amounts in excess so of the underlying limit of live of legal defense costs. The determined in excess so of the underlying limit of live of legal defense costs.	coverage is provided late of said policy s of he coverage is provid	

2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

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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.

Joseph SCatanese
(Signature of Authorized Representative of Insurer)
Joseph S Catanese
(Typed name)
Vice President
(Title)
Authorized Representative of
XL Specialty Insurance
(Name of Insurer)
505 Eagleview Blvd., Exton PA 19341
(Address of Representative)