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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

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

Zurich America	an Insurance Compar	l y
	(Name of Insurer)	-
(the "Insurer"), of	1400 American	Lane, Schaumburg, IL 60196
(the modier), or	(Address of Insurer)	,
	has issued liability insurance covion for sudden accidental occurr	vering bodily injury and property damage including ences to
Aqua Clean Er	vironmental Compan	y, LLC
	(Name of Insured)	
(the "Insured"), of	3210 Whitten F	Road, Lakeland, FL 33811
(1110 111101100 ), 01	(Physical Address of Insure	d)
	insured's obligation to demonstr Rule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000034033	Agua Clean Environm	ental Company, LLC
3210 Whitten Ro	ad, Lakeland, FL 33811	
3210 Whitten Ro	ad, Lakeland, FL 33811	
	ad, Lakeland, FL 33811 tiple facilities, identify each faci	lity insured.)
(If coverage is for mul	tiple facilities, identify each faci ary and the company shall not be for each accident, exclusive o	e liable for amounts in excess of flegal defense costs. The coverage is provided
(If coverage is for multiple of the content of the coverage is for multiple of the coverage is	tiple facilities, identify each faci ary and the company shall not be for each accident, exclusive o	e liable for amounts in excess of f legal defense costs. The coverage is provided 10/1/2022
(If coverage is for multiple of this insurance is prim \$2,000,000 under policy number_	tiple facilities, identify each faci ary and the company shall not be for each accident, exclusive o BAP3433313 , issued on aid policy is 10/1/2022 (date)	e liable for amounts in excess of f legal defense costs. The coverage is provided 10/1/2022 (date)

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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.

my summers
(Signature of Authorized Representative of Insurer)
Amy Summers
(Typed name)
Commercial Account Manager
(Title)
Authorized Representative of
Zurich American Insurance Company
(Name of Insurer)
400 Bellemeade Street, Suite 201 Greensboro, NC 27401
(Address of Representative)

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

	(Name of Insurer)		
(the "Insurer"), of	Ten Parkway	North, Deerfield IL 60	015
, , ,	(Address of Insurer)		
environmental restora	t has issued liability insurance covation for sudden accidental occurre	ences to	perty damage includi
Aqua Clean E	nvironmental Compan	y, LLC	
	(Name of Insured)		
(the "Insured"), of		load, Lakeland, FL	_ 33811
	(Physical Address of Insured	i)	
	e insured's obligation to demonstra Rule 62-710.600(2) and 62-730.1		
EPA/DEP I.D. No.	Name	Physical A	Address
FLR000034033	Aqua Clean Environmental	Company LLC	
3210 Whitten Ro	oad, Lakeland, FL 33811		
3210 Whitten Ro	oad, Lakeland, FL 33811		
	pad, Lakeland, FL 33811	ity insured.)	
(If coverage is for mu This insurance is prin \$ 10,000,000		liable for amounts in exces	
(If coverage is for mu This insurance is prin \$_10,000,000 under policy number	oltiple facilities, identify each facil nary and the company shall not be for each accident, exclusive of MKLV2ENV103056, issued on	liable for amounts in excess legal defense costs. The control 10/1/2022	overage is provided
(If coverage is for mu This insurance is prin \$ 10,000,000 under policy number The effective date of	Itiple facilities, identify each facil  nary and the company shall not be for each accident, exclusive of	liable for amounts in excess legal defense costs. The control of t	overage is provided
(If coverage is for mu This insurance is prin \$ 10,000,000	Itiple facilities, identify each facil  nary and the company shall not be for each accident, exclusive of	liable for amounts in excess legal defense costs. The co	
(If coverage is for mu This insurance is prin \$ 10,000,000 under policy number  The effective date of is 10/1/2023 (date)	litiple facilities, identify each facilities, and the company shall not be for each accident, exclusive of MKLV2ENV103056, issued on said policy is 10/1/2022 (date)	liable for amounts in exces legal defense costs. The control 10/1/2022  (date)  and the expiration date	overage is provided
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(If coverage is for mu This insurance is prins 10,000,000 under policy number  The effective date of is 10/1/2023 (dat This insurance is excess 5,000,000.00 \$ 5,000,000.00	litiple facilities, identify each facilities, identify each facilities and the company shall not be for each accident, exclusive of MKLV2ENV103056, issued on said policy is 10/1/2022 (date)  te)  ess and the company shall not be lefor each accident in excess for each accident, exclusive	liable for amounts in excess legal defense costs. The control 10/1/2022 (date)  and the expiration data able for amounts in excess of the underlying limit of of legal defense costs. The	overage is provided  te of said policy  of  e coverage is provide
(If coverage is for mu This insurance is prins 10,000,000 under policy number  The effective date of is 10/1/2023  (dat This insurance is excess 5,000,000.00 \$ 5,000,000.00 under policy number	Iltiple facilities, identify each facilinary and the company shall not be for each accident, exclusive of MKLV2ENV103056, issued on said policy is 10/1/2022 (date)  te)  ess and the company shall not be lefter each accident in excess for each accident, exclusive MKLV2EFX100986, issued on the company shall not be lefter each accident, exclusive materials.	liable for amounts in excess legal defense costs. The control 10/1/2022 (date)  and the expiration data able for amounts in excess of the underlying limit of of legal defense costs. The	overage is provided te of said policy of

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- 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.
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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.

amy symmers
(Signature of Authorized Representative of Insurer)
Amy Summers
(Typed name)
Commercial Account Manager
(Title)
Authorized Representative of
Evanston Insurance Company
(Name of Insurer)
400 Bellemeade Street, Suite 201 Greensboro, NC 27401
(Address of Representative)