



Department of Environmental Protection
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Print Form

DEP Form #92-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Received

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BSHW

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Zurich American Insurance Company (the Insurer), 3600 Minnesota Dr, Suite 200, Minneapolis, MN 55435
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Texpar Energy, LLC (the Insured),
(Name of the Insured)

268 Industrial Blvd, Bainbridge, GA 39817 whose EPA Identification number is GAD 033 590 514
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$2,000,000 less the deductible or retention of \$50,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number BAP 5944714 03, issued on (Date)

The expiration date of said policy is Dec 1, 2012 or the annual renewal date is (Date)
(Date) (Date)

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 this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or 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 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 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 or more States, including Florida.

Patricia Dunn
(Signature of Insurer or Authorized Representative)

Patricia Dunn

(Type Name)

Vice President

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

1600 Utica Avenue South, Suite 600, Minneapolis, MN 55416

(Address of Representative)