

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

Received

MAY 14 2013

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

BSHW

1. Zurich American Insurance Company
(Name of Insurer)

(the "Insurer"), of 2000 W. Sam Houston Parkway S.
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

FCC Environmental, LLC
(Name of Insured)

(the "Insured"), of 523 N Sam Houston Parkway E., Suite 400 Houston, TX 77060
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000192427	FCC Environmental	5800 France St. Jacksonville
FLD065680613	FCC Environmental	105 S. Alexander St. Plant City
FL0000346304	FCC Environmental	5690 W. Midway Road Fort Pierce
FLR000069088	FCC Environmental	233 Central Florida Parkway Orlando
FLD984262410	FCC Environmental	1280 N.E. 48th St. Pompano Beach
TXR000078094	FCC Environmental	523 N Sam Houston Pkwy E Houston, TX 77060

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP-5898955-00, issued on 5/1/2013 (date).

The effective date of said policy is 5/1/2013 and the expiration date of said policy is 5/1/2014 (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____ (date). The effective date of said policy is _____ and the expiration date of said policy is _____ (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:
- (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.

Tyrone Mills

(Signature of Authorized Representative of Insurer)

Tyrone Mills

(Typed name)

Underwriter

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

2000 W. Sam Houston Parkway S.
(Address of Representative)

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>	
FLR000192427	FCC Environmental	5800 France Street	Jacksonville
FLR000069088	FCC Environmental	233 Central Florida Parkway	Orlando
FLD065680613	FCC Environmental	105 S Alexander St.	Plant City
FLD984262410	FCC Environmental	1280 N.E. 48th St.	Pompano Beach
FL0000346304	FCC Environmental	5690 W Midway Road	Ft. Pierce
TXR 000078094	FCC Environmental	523 N. San Houston Pkwy E	Houston, TX 77060

(If coverage is for multiple facilities, identify each facility insured.) *Suite 400*

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

(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.

Attached to and forming part of policy No. BAP-5898955-00 issued by
Zurich American Insurance Company, herein called the Insurer, of
[Name of Insurer]
2000 W Sam Houston Parkway S. Houston, TX 77042 to
[Address of Insurer]

FCC Environmental, LLC of
[Name of Insured]
523 N Sam Houston Parkway E., Suite 400 Houston, TX 77060
[Physical Address of Insured]

this 1st day of May, 2013.
(Day) (Month) (Year)

The effective date of said policy is 1st day of May, 2013.
(Day) (Month) (Year)

The expiration date of said policy is 1st day of May, 2014.
(Day) (Month) (Year)

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.

Tyhone Mills
[Signature of Authorized Representative of Insurer]

Tyhone Mills
[Type Name]

Underwriter
[Title]

Authorized Representative of
Zurich American Insurance Company
[Name of Insurer]

2000 W. Sam Houston Parkway S. Houston, TX 77042
[Address of Representative]