

DEP Form # 17-730.900(5)(a)  
Form Title: HWF Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #



**STATE OF FLORIDA**  
**HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY**  
**INSURANCE**

1. ACE AMERICAN INSURANCE COMPANY  
(Name of Insurer)  
(the "Insurer"), of 436 WALNUT STREET, PHILADELPHIA, PENNSYLVANIA 19106  
(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

CHEMICAL WASTE MANAGEMENT, INC  
(Name of Insured)  
(the "Insured"), of 36964 ALABAMA HWY 17, EMELLE, AL 35459  
(Address of Insured)

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>Location</u>
ALD000622464	CHEMICAL WASTE MANAGEMENT, INC	36964 ALABAMA HWY 17 EMELLE, AL 35459

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

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 MMT H08816025, issued on 01/01/2014.  
(date)

The effective date of said policy is 01/01/2014 and the expiration date of said policy is 01/01/2015.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 9,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number XSA H08816013, issued on 01/01/2014. The effective date of said policy is 01/01/2014 and the expiration date of said policy is 01/01/2015.  
(date) (date)

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.



(Signature of Authorized Representative of Insurer)

TIMOTHY F. KELLY

(Typed name)

PRESIDENT

(Title)

Authorized Representative of

ACE AMERICAN INSURANCE COMPANY

(Name of Insurer)

5847 SAN FELIPE, SUITE 320, HOUSTON, TX 77057

(Address of Representative)