

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



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

1. XL SPECIALTY INSURANCE COMPANY
(Name of Insurer)

(the "Insurer"), of 505 EAGLEVIEW BLVD., SUITE 100, EXTON, PA 19341-0636
(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

ENVIRONMENTAL REMEDIATION SERVICES, INC.
(Name of Insured)

(the "Insured"), of 760 Talleyrand Avenue, Jacksonville, FL 32202
(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>
<u>FLD984261412</u>	<u>ENVIRONMENTAL REMEDIATION SERVICES, INC.</u>	<u>760 Talleyrand Avenue, Jacksonville, FL 32202</u>

(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 AEC000450214, issued on 08/01/2014.
(date)


The effective date of said policy is 08/01/2014 and the expiration date of said policy is 08/01/2015.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 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 UEC000450414, issued on 08/01/2014. The effective date of said policy is 08/01/2014 and the expiration date of said policy is 08/01/2015.
(date) (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.


(Signature of Authorized Representative of Insurer)

Kathleen M. McGinn
(Typed name)

Sr. Vice President
(Title)

Authorized Representative of
XL SPECIALTY INSURANCE COMPANY
(Name of Insurer)

505 Eagleview Blvd., Suite 100, Exton, PA 19341
(Address of Representative)



Department of Environmental Protection

FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. XL Specialty Insurance Company, (the Insurer), 505 Eagleview Blvd. Ste. 100, Exton, PA 19341
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Environmental Remediation Services, Inc. (the Insured),
(Name of the Insured)

760 Talleyrand Avenue, Jacksonville, FL 32202 whose EPA Identification number is FLD984261412
(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 \$1,000,000 less the deductible or
retention of \$ for each accident exclusive of legal defense costs. If a
deductible or retention is applied amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number, AEC000450214 issued on 08/01/2014
(Date)

The expiration date of said policy is 08/01/2015 or the annual renewal date is 08/01
(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 this 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 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.
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 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.

Kathleen McGinn
(Signature of Insurer or Authorized Representative)
Kathleen McGinn

(Type Name)
Senior Vice President - Transportation

(Title)

Representative Authorized of
XL Specialty Insurance Company
(Name of Insurer)
505 Eagleview Blvd., Ste. 100, Exton, PA 19341

(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.