

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. Starr Indemnity & Liability Company

(Name of Insurer)

(the "Insurer"), of 399 Park Avenue, 8th Fl, New York, NY 10022

(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

Raider Environmental Services Inc.

(Name of Insured)

(the "Insured"), of 4103 NW 132nd Street, Opa Locka, FL 33054

(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>
FLR 000 143 891	Raider Environmental Services Inc.	4103 NW 132 Street, Opa Locka, FL 33054
FLR 000 176 271	Raider Environmental Services Inc.	5080 Highway 60 East, Mulberry, FL 33860

(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 SISIPCA08268314, issued on 8/10/2014.

(date)

The effective date of said policy is 7/11/2014 and the expiration date of said policy

(date)

is 7/11/2015

(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A for each accident in excess of the underlying limit of \$ N/A for each accident, exclusive of legal defense costs. The coverage is provided under policy number N/A, issued on N/A. The effective date of

(date)

said policy is N/A and the expiration date of said policy is N/A.

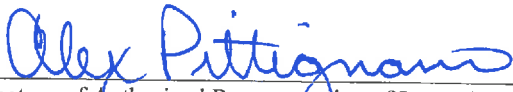
(date)

(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.


(Signature of Authorized Representative of Insurer)

____ Alex Pittignano _____
(Typed name)

____ Vice President _____
(Title)

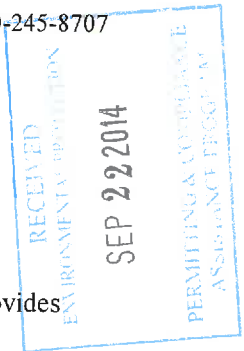
Authorized Representative of

____ Starr Indemnity & Liability Company _____
(Name of Insurer)

____ 399 Park Avenue, 8th Fl, New York, NY 10022 _____
(Address of Representative)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707



**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:

EPA/DEP I.D. No.

Name

Physical Address

FLR 000 143 891 Raider Environmental Services Inc. 4103 NW 132nd St, Opa Locka FL 33054

FLR 000 176 271 Raider Environmental Services Inc. 5080 Highway 60 East, Mulberry, FL 33860

(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 the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A _____ for each accident in excess of the underlying limit of \$ N/A _____ 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. SISIPCA08268314 _____ issued by

Starr Indemnity & Liability Company, herein called the Insurer, of
[Name of Insurer]

399 Park Avenue, 8th Fl, New York, NY 10022 to
[Address of Insurer]

Raider Environmental Services Inc. of
[Name of Insured]

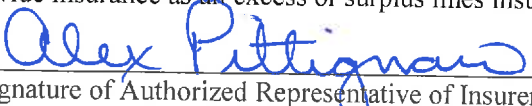
4103 NW 132nd Street, Opa Locka, FL 33054 _____
[Physical Address of Insured]

this 10 day of August, 2014.
(Day) (Month) (Year)

The effective date of said policy is 7/11/2014
(Day)(Month)(Year)

The expiration date of said policy is 7/11/2015
(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.


[Signature of Authorized Representative of Insurer]

Alex Pittignano _____
[Type Name]

Vice President _____
[Title]

Authorized Representative of

Starr Indemnity & Liability Company _____
[Name of Insurer]

399 Park Avenue, 8th Fl, New York, NY 10016 _____
[Address of Representative]

DEP Form # 62-730.900(4)(k)
 Form Title HW Certificate of Liability Insurance
 Effective Date January 5, 1995
 DEP Application No. _____

**STATE OF FLORIDA
 HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
 (Primary Policy)**

1. Starr Surplus Lines Insurance Company, (the "Insurer"),
 of 399 Park Avenue, 8th Fl, New York, NY 10022
 Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
Raider Environmental Services Inc., (the "Insured"), of

4103 NW 132nd Street, Opa Locka, FL 33054
 Address of Insured

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
<u>FLR 000 143 891</u>	<u>Raider Environmental Services Inc.</u>	<u>4103 NW 132 St, Opa Locka, FL 33054</u>
<u>FLR 000 176 271</u>	<u>Raider Environmental Services Inc.</u>	<u>5080 Highway 60 East, Mulberry, FL 33860</u>

for:

- ☐ sudden accidental occurrences
☐ nonsudden accidental occurrences
☒ sudden and nonsudden accidental occurrences

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$1,000,000 each occurrence and \$ 3,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 1000065056141, issued on 8/10/2014. The effective date of said policy is 7/11/2014.
 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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- (c) Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

- (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.
- (e) 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.

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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.



Signature of Authorized Representative of Insurer

Alex Pittignano

Type name

Vice President

Title

Authorized Representative of

Starr Surplus Lines Insurance Company

Name of Insurer

399 Park Avenue, 8th Fl, New York, NY 10022

Address of Representative