

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**

I. Commerce and Industry Insurance Company  
(Name of Insurer)

(the "Insurer"), of 175 Water Street, 18th Floor, New York, NY 10038  
(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

Cliff Berry, Inc.  
(Name of Insured)

(the "Insured"), of 851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316  
(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:

EPA/DEP I.D. No.	Name	Physical Address
FLD058560699	Cliff Berry, Inc. - Miami Terminal	3033 NW North River Dr., Miami, FL 33142-6304
FLR000083071	Cliff Berry, Inc. - Port Everglades Facility	3400 SE 9th Ave., Dania Beach, FL 33316
FLR000009266	Cliff Berry, Inc.	400 Angle Rd., Ft. Pierce, FL 34947-2501
FLR000119792	Cliff Berry, Inc.	5855 Industrial Dr., Cocoa, FL 32927-4608
FLR000119784	Cliff Berry, Inc.	1518 Talleyrand Ave., Jacksonville, FL 32206-5436
FLR000013888	Cliff Berry, Inc.	5218 Saint Paul St., Tampa, FL 33619-6118

(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 CA1932175, issued on 12/31/2014.  
(date)

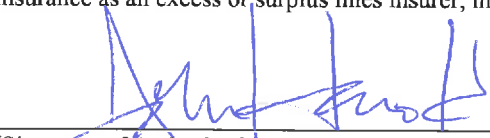
The effective date of said policy is 12/31/2014 and the expiration date of said policy is 12/31/2015.  
(date)

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 \_\_\_\_\_ . The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_ .  
(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)

John Harrold  
\_\_\_\_\_  
(Typed name)

Resident Insurance Agent  
\_\_\_\_\_  
(Title)

Authorized Representative of

Commerce and Industry Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309  
\_\_\_\_\_  
(Address of Representative)