



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

1. XL Insurance America, Inc

(Name of Insurer)

(the "Insurer"), of Seaview House, 70 Seaview Avenue, Stamford, CT 06902

(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

Synergy Recycling, LLC

(Name of Insured)

(the "Insured"), of 105 Industrial Drive, Kingsland, GA 31548

(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

GAR000048009

Synergy Recycling, LLC

105 Industrial Drive, Kingsland, GA 31548

(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 AEC003293505, issued on 05/01/2015.  
(date)

The effective date of said policy is 05/01/2015 and the expiration date of said policy  
(date)  
is 05/01/2016.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 1,000,000 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 \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is 05/01/2016.  
(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)

Nancy J Klunder

(Typed name)

Senior Account Manager

(Title)

Authorized Representative of

XL Insurance America, Inc

(Name of Insurer)

611 Pointe North Blvd., Albany, GA 31721

(Address of Representative)

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>J Smith Lanier &amp; Co of Albany</b> <b>611 POINTE NORTH BLVD</b> <b>Albany, GA 31721</b> <b>229 883-2424</b>	<b>APR 29 2015</b> PERMITTING & COMPLIANCE ASSISTANCE PROGRAM	<b>CONTACT NAME:</b> Nancy Klunder <b>PHONE (A/C, No, Ext):</b> 229 883-2424 <b>FAX (A/C, No):</b> 229 436-7788 <b>E-MAIL ADDRESS:</b> nklunder@jsmithlanier.com													
<b>INSURED</b> <b>Synergy Recycling, LLC</b> <b>Synergy Recycling of Central Florida, LLC</b> <b>P.O. Box 669295</b> <b>Miami, FL 33166-9430</b>	<table border="1"> <thead> <tr> <th data-bbox="828 430 1453 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1453 430 1581 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="828 451 1453 483"><b>INSURER A : Indian Harbor Ins. Co.</b></td> <td data-bbox="1453 451 1581 483"><b>36940</b></td> </tr> <tr> <td data-bbox="828 483 1453 514"><b>INSURER B : XL Specialty Insurance</b></td> <td data-bbox="1453 483 1581 514"><b>37885</b></td> </tr> <tr> <td data-bbox="828 514 1453 546"><b>INSURER C : XL Insurance America Inc.</b></td> <td data-bbox="1453 514 1581 546"><b>24554</b></td> </tr> <tr> <td data-bbox="828 546 1453 577"><b>INSURER D :</b></td> <td data-bbox="1453 546 1581 577"></td> </tr> <tr> <td data-bbox="828 577 1453 609"><b>INSURER E :</b></td> <td data-bbox="1453 577 1581 609"></td> </tr> <tr> <td data-bbox="828 609 1453 636"><b>INSURER F :</b></td> <td data-bbox="1453 609 1581 636"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Indian Harbor Ins. Co.</b>	<b>36940</b>	<b>INSURER B : XL Specialty Insurance</b>	<b>37885</b>	<b>INSURER C : XL Insurance America Inc.</b>	<b>24554</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A : Indian Harbor Ins. Co.</b>	<b>36940</b>														
<b>INSURER B : XL Specialty Insurance</b>	<b>37885</b>														
<b>INSURER C : XL Insurance America Inc.</b>	<b>24554</b>														
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GEC002043109	05/01/2015	05/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> CA 9948 1013 <input checked="" type="checkbox"/> MCS - 90		AEC003293505	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		UEC002043008	05/01/2015	05/01/2016	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Pollution Liab</b> <b>Aggregate</b> <b>SIR</b>		PEC001679803	05/01/2013	05/01/2016	\$5,000,000 \$10,000,000 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Insured has Blanket Additional Insured & Blanket Waiver of Subrogation Endorsements on the General Liability & Commercial Auto policies as required by written contract or agreement with named insured.

Umbrella policy is follow form coverage.

As provided for in Section 320.02(5)(e), F.S., the listed insurance policy or surety bond may not be canceled on less than 30 days written notice by the insurer to the Department of Highway Safety and Motor (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Florida Department of  
 Environmental Protection  
 Bob Martinex Center  
 2600 Blair Stone Rd/ MS#4560  
 Tallahassee, FL 32399

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



© 1988-2014 ACORD CORPORATION. All rights reserved.

## DESCRIPTIONS (Continued from Page 1)

Vehicles, such 30 days notice to commence from the date notice is received by the Department.

Attn: Edgar Echevarria