



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

11/06/2015

Andrew Bouknight, Transportation Mgr
Daniels Sharpsmart Inc
111 W Jackson Blvd
Chicago, IL 60604-4133

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Daniels Sharpsmart Inc** located at **10705 Rocket Blvd Ste 111, Orlando , FL 32824-8500**

FLD984171850

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste; and Destination for, Universal Pharmaceuticals, LQH Pharmaceuticals, Universal Pharmaceutical Transporter.**

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on 11/30/2016).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984171850.

For further assistance, please contact me at (850) 245-8749 or email at

Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin H. Pandley
For

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 38737 , Email Address: abouknight@danielsintrnational.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division—HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8707

Date Received
 (for FDEP Official Use Only)
 OCT 13 2015

EPA ID: **F L D 9 8 4 1 7 1 8 5 0**

Please use the instructions document to complete this form

1. Reason for Submittal
 (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:
 To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
 To provide subsequent notification (to update status and facility identification information).
 To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)
 FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)

2. Facility or Business Name

Daniels Sharpsmart, Inc.

3. Facility Operator
 (List additional Operators in the comments section).

Name of Operator: **Daniels Sharpsmart, Inc.** Date became Operator: 8 / 01 / 09
 New Operator mm dd yy
 Street or P.O. Box: **111 West Jackson Blvd. Suite 720** Phone Number: **312 - 546 - 8926**
 City or Town: **Chicago** State: **IL** Zip Code: **60604** Country (if not USA):
 Operator Type: Private Federal Municipal State County Other _____

4. Facility Physical Location Information
 (No P.O. Boxes)
 Same address as #3 above or:

Physical Street Address: **10705 Rocket Blvd. Suite 111** Vessel
 City or Town: **Orlando** State: **FL** Zip Code: **32824**
 County: **Orange** Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. 5 6 2 1 1 1 (required) B. 5 6 2 1 1 2
 C. _____ D. _____

6. Facility or Business Mailing Address

Same address as #3 above or: Street or P.O. Box:
 City or Town: _____ State: _____ Zip/Postal Code: _____ Country (if not USA): _____

7. Facility or Business RCRA Contact Person

First Name: **Andrew** Last Name: **Bouknight** Title: **Transportation Manager**
 Phone Number: **312 - 546 - 8900** Extension: _____ E-Mail: **ABouknight@DanielsInternational.com** Fax: **312 - 546-8950**
 Street or P.O. Box: _____
 Same address as #3 above or: City or Town: **Tampa** State: _____ Zip Code: _____ Country (if not USA): _____

8. Real Property (FL Land) Owner of the Facility's Physical Location
 (List additional owners in the comments section.)
 Same address as #___ above or:

Name of Owner: **SBJ Resch Partnership** Date became Owner: ___ / ___ / ___
 New Owner mm dd yy
 Street or P.O. Box: **2900 East 7th Ave Suite 200** Phone Number: **813 - 636 - 9808**
 City or Town: **Tampa** State: **FL** Zip Code: **33605** Country (if not USA):
 Owner Type: Private Federal Municipal State County Other _____

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste

For Items 2 through 7, mark 'X' in all that apply.

Yes No (Do not include Universal Waste or Used Oil)

(2) Treater, Storer, or Disposer of Hazardous Waste

If YES, Choose only one of the following three categories.

(at your facility) Note: A hazardous waste permit may be required for this activity.

a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

- a. Operating Commercial TSD
- b. Operating Non-Commercial TSD
- c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)

(3) Recycler of Hazardous Waste (at your facility)
Specify: Commercial Non-Commercial.
Note: A permit is required for storage prior to recycling.

c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste

(4) Exempt Boiler and/or Industrial Furnace
 a. Small Quantity On-site Burner Exemption
 b. Smelting, Melting, and Refining Furnace Exemption

In addition, indicate other generator activities that apply.

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities
Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

- d. Short-Term Generator (one-time, not on-going)
- e. Episodic: Not more than one-time per year: __ SQG __ LQG
- f. United States Importer of hazardous waste
- g. Mixed Waste (hazardous and radioactive) Generator

- (6) Receives Hazardous Waste from Off-Site
- (7) Underground Injection Control

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

(2) Out of Business - Business closed on _____ (date)

(C) Property Tax Default

(D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name: Andrew	Last Name: Bouknight	Title: Transportation Manager
	Phone Number: (312) 835-6235	Extension:	E-Mail: ABouknight@DanielsInternational.com
	Street or P.O. Box: 111 West Jackson Blvd. Suite 720		
	City or Town: Chicago	State:(Country): IL	Zip Code: 60604

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input checked="" type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps <input checked="" type="checkbox"/> Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.
--------------------------------	--

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

- Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])
- Florida Universal Pharmaceutical Waste (UPW) Transporter

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

First time registering
 Renewal
 One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities:

We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

- This form is: Initial Registration Renewal Notification of changes Cancel Registration
1. For own waste only 2. For commercial purposes 3. Both commercial and own waste
4. Transportation Mode Air Rail Highway Water Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume LQH 11,000+

This form is: Initial Registration Renewal Notification of changes Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

- Our mailing (business) address The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

F	L	D	9	8	4	1	7	1	8	5	0
---	---	---	---	---	---	---	---	---	---	---	---

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: Initial Registration Renewal Notification of changes Cancel Registration

If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

- a. Transporter (off-site) and noncontiguous locations
 b. Transfer Facility

(2) Collection Center (From businesses, no more than 55 gal per shipment)

(3) Used Oil Processor (A permit is required.)

(4) Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer On-Spec Off-Spec

(6) Used Oil Filter Management (must annually register)

- a. Transporter
 b. Transfer Facility
 c. Processor (Annual Report Required)
 d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

- Our mailing (business) address The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

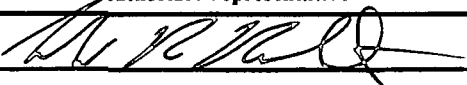
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

17. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Andrew R Bouknight - Transportation Manager	<input checked="" type="checkbox"/>	8/5/2015
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

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. Ironshore Specialty Insurance Company
(Name of Insurer)

(the "Insurer"), of 75 Federal Street, 5th Floor, Boston, MA 02110
(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

Daniels Sharpsmart, Inc
(Name of Insured)

(the "Insured"), of 111 W. Jackson Blvd., Suite 720, Chicago, IL 60604
(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>FLD984171850</u>	<u>Daniels Sharpsmart, Inc.</u>	<u>10705 Rocket Blvd. Orlando, FL 32824</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 002170401, issued on September 30, 2015.
(date)

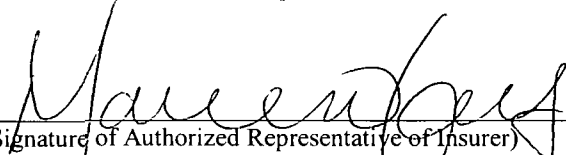
The effective date of said policy is September 30, 2015 and the expiration date of said policy is September 30, 2016.
(date)

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 September 30, 2016.
(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)

Maureen Lanty

(Typed name)

Vice President

(Title)

Authorized Representative of

Ironshore Specialty Insurance Company

(Name of Insurer)

300 S. Wacker Drive, Ste. 700, Chicago, IL 60606

(Address of Representative)

**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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984171850	Daniels Sharpmart, Inc.	10705 Rocket Blvd. Ste 111, Orlando, FL 32824

(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 \$ _____ for each accident in excess of the underlying limit of \$ _____ 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. 002170400 issued by
Ironshore Specialty Insurance Company
_____, herein called the Insurer, of
[Name of Insurer]
75 Federal Street, 5th Floor, Boston, MA 02110 to
[Address of Insurer]

Daniels Sharpsmart, Inc. of
[Name of Insured]
111 W. Jackson Blvd., Suite 720, Chicago, IL 60604
[Physical Address of Insured]

this 1 day of September, 2015.
(Day) (Month) (Year)

The effective date of said policy is 30 day of September, 2015.
(Day) (Month) (Year)

The expiration date of said policy is 30 day of September, 2016.
(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]

Maureen Lanty

[Type Name]

Vice President

[Title]

Authorized Representative of

Ironshore Insurance Services, Inc.

[Name of Insurer]

300 S. Wacker Drive, Ste 700, Chicago, IL 60606

[Address of Representative]