



McGRIFF, SEIBELS & WILLIAMS, INC.

INSURANCE BROKERS

June 12, 2014

VIA OVERNIGHT MAIL

DEP Waste Management Division-HWRS, MS4560
Attn: Janet Ashwood
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

**Re: Solid Waste Authority of Palm Beach County
State of Florida Certificate of Liability Insurance**

Dear Ms. Ashwood:

Attached please find the original completed Certificate of Liability Insurance for Hazardous Waste Transporter and Used Oil Handler with respect to Solid Waste Authority of Palm Beach County.

We trust you will find all in order however please review and advise if you have any questions.

Sincerely,

Susana LaMantia
Account Manager

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

RECEIVED
ENVIRONMENTAL PROTECTION

JUN 13 2014

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

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

1. Lloyd's, Underwriters at, London

(Name of Insurer)

(the "Insurer"), of 161 North Clark Street, Suite 2900, Chicago, IL 60601

(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

Solid Waste Authority of Palm Beach County

(Name of Insured)

(the "Insured"), of 7501 North Jog Road, West Pal Beach, FL 33412

(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

FLD982-136-087

Solid Waste Authority of Palm Beach County

Address: 6255 North Jog Road, West Palm Beach, FL 33412

(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
\$ 4,950,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number PK1000114, issued on May 1, 2014.
(date)

The effective date of said policy is May 1, 2014 and the expiration date of said policy
(date)
is May 1, 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
(date)
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)

Ronald B. Giadrosich
(Typed name)

Executive Vice President
(Title)

Authorized Representative of

Lloyds, Underwriters at, London
(Name of Insurer)

2211 7th Avenue South, Birmingham, AL 35233
(Address of Representative)