

OCT 24 2016

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

1. Great Divide Insurance Company  
(Name of Insurer)

(the "Insurer"), of 7233 East Butherus Drive, Scottsdale, AZ 85260  
(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

Vickery Transportation, Inc.  
(Name of Insured)

(the "Insured"), of 3956 State Route 412, Vickery, Ohio 43464  
(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>0HR000103762</u>     | <u>Vickery Transportation, Inc.</u> | <u>3956 State Route 412 Vickery, OH 43464</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 BAP2009796-13, issued on 10/01/2016.  
(date)

The effective date of said policy is 10/01/2016 and the expiration date of said policy is 10/01/2017.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 10,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX2015898-11, issued on 10/01/2016. The effective date of said policy is 10/01/2016 and the expiration date of said policy is 10/01/2017.  
(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)

Robert Snyder  
\_\_\_\_\_  
(Typed name)

Vice President  
\_\_\_\_\_  
(Title)

Authorized Representative of

Great Divide Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

5005 Rockside Road, Suite 500, Independence, Ohio 44131  
\_\_\_\_\_  
(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2016

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).

|   |   |                                      |
|---|---|--------------------------------------|
| PRODUCER<br>The Fedeli Group<br>5005 Rockside Road, Fifth Floor<br>Independence, OH 44131 | CONTACT NAME: <b>Jeff Richmond</b>                  |                                      |
|   | PHONE (A/C, No, Ext): <b>(216) 328-8080</b>         | FAX (A/C, No): <b>(216) 328-8081</b> |
|   | E-MAIL ADDRESS: <b>jrichmond@thefedeligroup.com</b> |                                      |
|   | INSURER(S) AFFORDING COVERAGE                       | NAIC #                               |
|   | INSURER A : <b>Great Divide Insurance Company</b>   | <b>25224</b>                         |
|   | INSURER B : <b>Nautilus Insurance Company</b>       | <b>17370</b>                         |
|   | INSURER C :   |                                      |
|   | INSURER D :   |                                      |
|   | INSURER E :   |                                      |
|   | INSURER F :   |                                      |


|   |
|---|
| INSURED<br><br><b>Vickery Transportation, Inc.</b><br>3956 State Route 412<br>Vickery, OH 43464 |
|---|

**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | GLP2009795-13 | 10/01/2016              | 10/01/2017              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br>ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br>HIRED AUTOS <input type="checkbox"/>   |           |          | BAP2009796-13 | 10/01/2016              | 10/01/2017              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>  |           |          | FFX2015898-11 | 10/01/2016              | 10/01/2017              | EACH OCCURRENCE \$ <b>10,000,000</b><br>AGGREGATE \$ <b>10,000,000</b><br>\$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | GLP2009795-13 | 10/01/2016              | 10/01/2017              | PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |

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

|  |   |
|--|---|
| CERTIFICATE HOLDER<br><br>Dept of Enivornmental Protection HWM MS 4555<br>2600 Blair Stone Rd., Twin Towers Office Bldg.<br>Tallahassee, FL 32399-2400 | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|