By ashwood\_j at 10:03 am, Apr 12, 2017

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

APR 11 2017

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

1.

**REVIEWED** 

stry Insurance Company

(Name of Insurer)

(the "Insurer"), of 175 Water Street, 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

TCI of Alabama, LLC

Commerce

(Name of Insured)

(the "Insured"), of 101 Parkway E., Pell City, AL 35125

(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
ALD983167891	TCI of Alabama, LLC	101 Parkway E., Pell City, AL 35125

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is <u>primary</u> 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
 CA3962435

 issued on
 12/16/2015

(date)

The effective date of said policy is	12/15/2015 and th	ne expiration date of said policy
	(date)	
is <sup>5/15/2017</sup>	.•	
(date)		
This insurance is excess and the co	mpany shall not be liable for am	ounts in excess of
	h accident in excess of the under	
		fense costs. The coverage is provided
under policy number EGU 14206492	, issued on 12/16/2015	. The effective date of
	(date	e)
said policy is 12/16/2015	and the expiration date of sa	id policy is 5/15/2017
(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)

# Liz Hartranft

(Typed name)

#### Senior Client Manager, Oswald Companies

(Title)

Authorized Representative of

### Commerce & Industry Insurance Company

(Name of Insurer)

## 175 Water Street, New York, NY 10038

(Address of Representative)