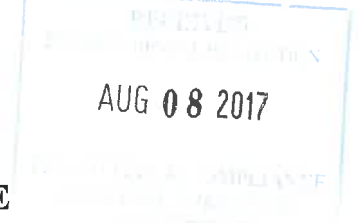


Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400



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

1. GREAT WEST CASUALTY COMPANY  
(Name of Insurer)

(the "Insurer"), of 3042 NORTH LINTEL DRIVE PO BOX 4555 BLOOMINGTON IN 47402  
(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

SUTTLES TRUCK LEASING INC  
(Name of Insured)

(the "Insured"), of 2460 HIGHWAY 43S DEMOPOLIS, AL 36732  
(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>
ALD095704011	SUTTLES TRUCK LEASING INC	2460 HIGHWAY 43S DEMOPOLIS, AL 36732

(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 GWP36200M, issued on AUGUST 1ST 2017.  
(date)

The effective date of said policy is AUGUST 1 2017 and the expiration date of said policy is AUGUST 1 2018.  
(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 \_\_\_\_\_.  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is AUGUST 1 2018.  
(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)

**MATT DESCHEPPER**

(Typed name)

**UNDERWRITING MANAGER**

(Title)

Authorized Representative of

**GREAT WEST CASUALTY COMPANY**

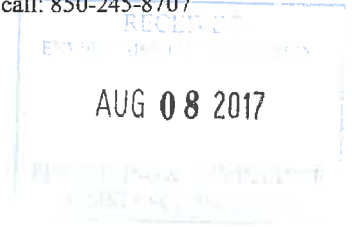
(Name of Insurer)

3042 NORTH LINTEL DRIVE, PO BOX 4555, BLOOMINGTON IN 47402

(Address of Representative)

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For assistance call: 850-245-8707



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

1. Navigators Specialty Insurance Company  
(Name of Insurer)

(the "Insurer"), of c/o CRC PO Box 59389, Birmingham, AL 35259-9689  
(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

Suttles Truck Leasing, Inc.  
(Name of Insured)

(the "Insured"), of 2460 Highway 43 S. Demopolis, AL 36732  
(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>ALD095704011</u>	<u>Suttles Truck Leasing, Inc.</u>	<u>2460 Highway 43 South</u>
		<u>Demopolis, AL 36732</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 GA17CGL11365711C, issued on 08/01/2017 (date)

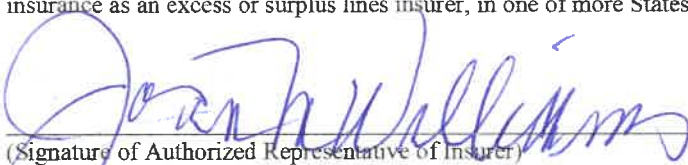
The effective date of said policy is 08/01/2017 (date) and the expiration date of said policy is 08/01/2018 (date)

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 \_\_\_\_\_ (date). The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is 08/01/2018 (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 or more States including Florida.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

**Joan M. Williams**  
\_\_\_\_\_  
(Typed name)

**Account Manager**  
\_\_\_\_\_  
(Title)

Authorized Representative of

**Navigators Specialty Insurance Company**  
\_\_\_\_\_  
(Name of Insurer)

**10000 Midlantic Drive, Mt. Laurel, NJ 08054**  
\_\_\_\_\_  
(Address of Representative)

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AUG 08 2017

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

1. AXIS Surplus Insurance Company  
(Name of Insurer)

(the "Insurer"), of c/o CRC PO Box 59389, Birmingham, AL 35259-9689  
(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

Suttles Truck Leasing, Inc.  
(Name of Insured)

(the "Insured"), of 2460 Highway 43 S. Demopolis, AL 36732  
(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>ALD095704011</u>	<u>Suttles Truck Leasing, Inc.</u>	<u>2460 Highway 43 South</u>
		<u>Demopolis, AL 36732</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 \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date)

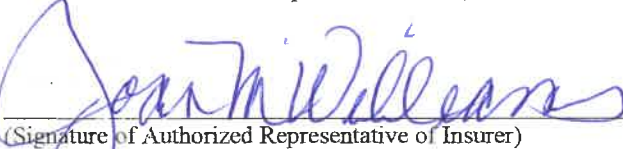
The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is 08/01/2018 (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 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 EAU768690/01/2017, issued on 08/01/2017 (date). The effective date of said policy is 08/01/2017 (date) and the expiration date of said policy is 08/01/2018 (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.



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(Signature of Authorized Representative of Insurer)

**Joan M. Williams**

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(Typed name)

**Account Manager**

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(Title)

Authorized Representative of

**AXIS Surplus Insurance Company**

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(Name of Insurer)

**10000 Midlantic Drive, Mt. Laurel, NJ 08054**

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(Address of Representative)