1.

AUG 22 2017

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

Granite State	Insurar	ice Co	mpany			
W	(Name of In					
(the "Insurer"), of 17	'5 Water	Stree	t, New	York, N	Y 10038	3
	(Address of	Insurer)				
hereby certifies that it has environmental restoration					nd property	damage including
aste Broker E	nvironme	ntal,	LLC			
	(Name of In	sured)				
(the "Insured"), of6	3320 Hwy	25 N	orth Si	mithville	MS 38	870
	(Physical Ac	ddress of I	nsured)			
in connection with the ir Administrative Code Ru						Florida
EPA/DEP I.D. No.	Naı	<u>me</u>		Phys	ical Address	<u>s</u>
MSR000003871	Waste B	roker	Enviro	nmental	LLC	
	62220 17	25	N7 1.1			
	03320 H	wy 25	North	Smithvil	le MS	38870
(If coverage is for multiput of the coverage is for multiput o	and the compa for each accide TT948216(any shall rent, exclus	ot be liable live of legal on _06/2	for amounts in defense costs.	The coverag	
is 06/28/2018 (date)		(date	,			
This insurance is excess: \$_4,000,000.00 \$_1,000,000.00 under policy number_Tx said policy is _03/06	for each according for each according G926614A	ident in exident, excl	cess of the usive of legued on 03	underlying limit al defense costs /06/2017 (date)	of The cover The e	ffective date of
(date)		•			(date)	

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.

Robert C. Lee, Jr.
(Typed name)

Underwriting Managing Agent
(Title)

Authorized Representative of

Granite State Insurance Co.
(Name of Insurer)

70 Pine Street New York, NY 10270 (Address of Representative)