REVIEWED

By Janet Ashwood at 4:20 pm, Feb 06, 2018

t of Environmental Protection

2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

RECEIVED ENVIRONMENTAL PROTECTION

FEB 0 5 2018

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

Lloyd's Underwiters at,	London	
	(Name of Insurer)	
(the "Insurer"), of 161 No. Cla	rk St., Suite 3200, Chicag, IL 60601	
	(Address of Insurer)	
hereby certifies that it has is environmental restoration for	ssued liability insurance cover for sudden accidental occurren	ering bodily injury and property damage including nees to
Solid Waste Authority of Palm Beach	County	
	(Name of Insured)	
(the "Insured"), of 7501 North	Jog Road, West Plm Bch., FL 33412	
(n Jog Road, West Pim Bch., FL 33412 (Physical Address of Insured)	
	red's obligation to demonstrat 52-710.600(2) and 62-730.17	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD892-136-087 Solid W	aste Authority of Palm Beac	ch County, 6255 North Jog Road, West Palm Beach
(If coverage is for multiple	facilities, identify each facilit	ty insured.)
		liable for amounts in excess of
\$4,950,000 is provided under policy nu	for each accident, ex	clusive of legal defense costs. The coverage , issued on May 1, 2017
is provided under policy ha	1K1000110	(date)
The effective date of said po	olicy is May 1, 2017	and the expiration date of said policy
Mov 1 2010	(date)	
	(date)	
(date)	(date)	
This insurance is excess and	I the company shall not be lia	able for amounts in excess of
(date) This insurance is <u>excess</u> and \$	I the company shall not be lia for each accident in excess o	f the underlying limit of
(date) This insurance is <u>excess</u> and \$	I the company shall not be lia for each accident in excess o	of the underlying limit of of legal defense costs. The coverage is provided The effective date of
(date) This insurance is <u>excess</u> and \$ s under policy number	I the company shall not be lia for each accident in excess o for each accident, exclusive of , issued on	of the underlying limit of of legal defense costs. The coverage is provided The effective date of (date)
(date) This insurance is <u>excess</u> and 5	I the company shall not be lia for each accident in excess o for each accident, exclusive of , issued on	f the underlying limit of of legal defense costs. The coverage is provided . The effective date of

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707

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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.

Judith a alex
(Signature of Authorized Representative of Insurer)
Judith A. Arenz
(Typed name)
Area Senior Vice President (Title)
Authorized Representative of
Lloyds, Underwriters at, London Name of Insurer)

Brit Global Specialty USA, 161 N. Clark St., Suite 3200 Chicago, IL 60601 (Address of Representative)