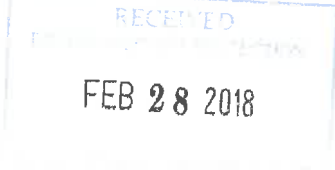


Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400



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

1. CRUM & FORSTER INDEMNITY COMPANY  
(Name of Insurer)  
  
(the "Insurer"), of 305 MADISON AVENUE, MORRISTOWN, NJ 07960  
(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

H R LEWIS PETROLEUM COMPANY DBA LEWIS ENVIRONMENTAL  
(Name of Insured)  
  
(the "Insured"), of 1432 CLEVELAND STREET, JACKSONVILLE, FL 32209  
(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>FLR000048561</u>	<u>Lewis Environmental</u>	<u>1432 Cleveland St., Jacksonville, FL 32209</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 506-890079-1, issued on 07/13/2017.  
(date)

The effective date of said policy is 07/13/2017 and the expiration date of said policy is 07/13/2018.  
(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 \_\_\_\_\_ and the expiration date of said policy is 07/13/2018.  
(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)

**David D. Stanley**

(Typed name)

**Agent**

(Title)

Authorized Representative of

**CRUM & FORSTER INDEMNITY COMPANY**

(Name of Insurer)

**11555 Central Pkwy Suite 703, Jacksonville, FL 32224**

(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Insurance Solutions, LLC 11555 Central Parkway, Suite #703 Jacksonville, FL 32224 Phone (904) 647-7355 Fax (904) 329-2583		<b>CONTACT NAME:</b> Paula McPhaul <b>PHONE (A/C, No, Ext):</b> (904) 647-7355 <b>E-MAIL ADDRESS:</b> Paula@InsuranceSolutionsUSA.net <b>FAX (A/C, No):</b> (904) 329-2583	
<b>INSURED</b> H. R. Lewis Petroleum Company PO Box 40763 Jacksonville FL 32203		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Crum & Forster Indemnity Co.	<b>NAIC #</b> 31348
		<b>INSURER B:</b> Crum & Forster Indemnity Co.	31348
		<b>INSURER C:</b> Endurance American Specialty Insurance Co.	41718
		<b>INSURER D:</b> Bridgefield Employers Insurance Co.	10701
		<b>INSURER E:</b> Crum & Forster Indemnity Co.	31348
		<b>INSURER F:</b>	


**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	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		506-890079-1	07/13/2017	07/13/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> CA9948 <input checked="" type="checkbox"/> MCS90		506-890079-1	07/13/2017	07/13/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		ELD10007424602	07/13/2017	07/13/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	830-06311	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Garagekeepers		506-890079-1	07/13/2017	07/13/2018	9148 San Jose Blvd. Jacksonville, FL 32257 \$80,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Excess liability policy applies to specified autos only: 1) 2012 International Tank Wagon - 1HTWGAST4CJ587149; 2) 2003 Freightliner Tank Wagon - 1FVHBGCV03HL74535; 3) 1999 International Tractor - 2HSFMAHR9XC093229; 4) 2005 Mack Tank Wagon - 1M2AG11C85M018997; 5) 2011 Kenworth Tractor - 1XKDD49X5BJ281646.

**CERTIFICATE HOLDER** **CANCELLATION**

Department of Environmental Protection  2600 Blair Stone Road Mail Station 4560 Tallahassee, FL 32399-2400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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