Mail original completed form to:

By Janet Ashwood at 2:56 pm, Mar 20, 2018

REVIEWED

Department of Environmental Protection

2600 Blair Stone Road, Mail Station 4560

Tallahassee Florida 32399-2400

For assistance call: 850-245-8707

RECEIVED Florida Department of Environmental Protection

MAR 16 2018

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE & Compliance HAZARDOUS WASTE TRANSPORTER AND USE DOASSISTANCE PER am

	(Managarana)		
	(Name of Insurer)		
(the "Insurer"), of 3	99 Park Avenue, 8th Floor, New York, NY 1002	2	
	(Address of Insurer)		
environmental resto	t it has issued liability insurance coration for sudden accidental occu	overing bodily injury and arrences to	l property damage includi
IntraCoastal Environmental	(Name of Insured)		
	(Name of histieu)		
(the "Insured"), of	5408 Benjamin Road, Tampa FL 33634		
	(Physical Address of Insu	red)	
in connection with t Administrative Cod	the insured's obligation to demons e Rule 62-710.600(2) and 62-730	strate financial responsibi 0.170. The coverage appl	lity under Florida ies at:
EPA/DEP I.D. No.	Name Name	Physic	cal Address
	Intracoastal Environmer	A	cai Madiess
(If coverage is for n	nultiple facilities, identify each fac	cility insured.)	
	imary and the company shall not	pe liable for amounts in e	xcess of The coverage is provided
This insurance is pri	imary and the company shall not for each accident, exclusive	pe liable for amounts in e of legal defense costs. T	xcess of The coverage is provided
This insurance is pri	imary and the company shall not for each accident, exclusive	pe liable for amounts in e of legal defense costs. T	xcess of The coverage is provided
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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.

(Signature of Authorized Representative of Insurer)
Rodney King
(Typed name)
National Practice Leader - Environmental
(Title)
Authorized Representative of
Starr Surplus Lines Insurance Company
(Name of Insurer)
399 Park Avenue, 8th Floor, New York, NY 10022
(Address of Representative)