Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: RECEIVEF07

Florida Department of Environmental Protection

JUN 04 2018

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE mitting & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL SINGUE PROGRAM

	XL Insurance America Inc.	
	(Name of Insurer)	
(the "Insurer"), of	70 Seaview Avenue #6, Stamford,	CT 06902
,	(Address of Insurer)	
	it has issued liability insurance cove ation for sudden accidental occurrer	ring bodily injury and property damage includin
	Synergy Recycling, LLC	
	(Name of Insured)	
(the "Insured"), of 10	95 Industrial Park Drive, Kingsland, GA 31548	
`	(Physical Address of Insured)	
in connection with th Administrative Code	e insured's obligation to demonstrat Rule 62-710.600(2) and 62-730.17	e financial responsibility under Florida  0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
GAR000048009	Svnerav Recyclina, LLC	, 105 Industrial Park Drive,
(If coverage is for mu	ultiple facilities, identify each facilit	y insured.)
This insurance is <u>prin</u> \$ 1,000,000 under policy number		legal defense costs. The coverage is provided
The effective date of	said nolicy is 05/01/2018	and the expiration date of said policy
The effective date of	(date)	and the expiration date of said poncy
is05/01/2019 (dat	·	
	•	
\$ 1,000,000	ess and the company shall not be lia	ble for amounts in excess of
	ior each accident in excess of	f the underlying limit of
\$ 1,000,000	for each accident, exclusive of	f the underlying limit of of legal defense costs. The coverage is provided
under policy number_		f the underlying limit of
	for each accident, exclusive o	f the underlying limit of of legal defense costs. The coverage is provided The effective date of

- 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)

Matthew M. Fox
(Typed name)

Senior Vice President
(Title)

Authorized Representative of

XL Insurance America Inc.
(Name of Insurer)

611 Pointe North Blvd., Albany, GA 31721

(Address of Representative)