

**REVIEWED**

Client#: 72374

HOWEN1

By Janet Ashwood at 8:38 am, Jul 03, 2018

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/29/2018

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 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> Gulfshore Insurance, Inc SWFL 4100 Goodlette Road N Naples, FL 34103 239 261-3646		<b>Florida Department of Environmental Protection</b>  <b>JUL 02 2018</b>  <b>Permitting &amp; Compliance Assistance Program</b>	<b>CONTACT NAME:</b> Norma Sanchez <b>PHONE (A/C, No, Ext):</b> 239 261-5162 <b>FAX (A/C, No):</b> 239 213-2803 <b>EMAIL ADDRESS:</b> nsanchez@gulfshoreinsurance.com																					
<b>INSURED</b> Hagan Holding Company dba Howco Environmental Services 3701 Central Ave St Petersburg, FL 33713		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>Nautilus Insurance Company</td><td>17370</td></tr><tr><td>INSURER B :</td><td>HDI Global Insurance Company</td><td>41343</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Nautilus Insurance Company	17370	INSURER B :	HDI Global Insurance Company	41343	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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**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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X X	GSP202657010	06/28/2018	06/28/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X X	EAGCC000185217	06/28/2017	09/26/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0	X	FFX202656910	06/28/2018	06/28/2019	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X N/A	EWGCC000185217	06/28/2017	09/26/2018	X WC STATUTORY LIMITS 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
A	Pollution Liab		GSP202657010	06/28/2018	06/28/2019	\$1,000,000
A	Professional Liab		GSP202657010	06/28/2018	06/28/2019	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Auto Liability includes MCS90 and Broadened Pollution coverage form CA9948

Certificate Holder is included as Additional Insured on a primary and non-contributory basis with respects to General Liability including ongoing operations per form GSP 7005 0517 and completed operations per form GSP 7106 0517 only as required by (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

Department of Environmental Protection  
2600 Blair Stone Rd  
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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## DESCRIPTIONS (Continued from Page 1)

written contract, Waiver of Subrogation per form GSP 7012 0517. Additional Insured in regards to the Auto Liability per form ENAI5057 0911 on a primary and noncontributory basis per form ENCAAIPNC 0911 and Waiver of Subrogation per FLCA0444 only as required by written contract. Waiver of Subrogation in regards to the Workers Compensation only as required by written contract per form WC000313.

FLD 152 764 767 HOWCO Env. Serv. 843 43rd St. S., St. Petersburg, FL 33711

FLD 101 828 689 HOWCO Env. Services 24133 SR 40, Astor, FL 32101

FL0 001 000 611 HOWCO Env. Serv. 2650A Edison Ave., Ft. Myers, FL 33916