

**REVIEWED**

By Janet Ashwood at 11:11 am, Jul 03, 2018

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

JUL 02 2018

Permitting & Compliance  
Assessment Program

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



1. Travelers Indemnity Company of Connecticut  
(Name of Insurer)

(the "Insurer"), of 100 Windward Concourse, Alpharetta, GA 30005  
(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

Ring Power Corporation  
(Name of Insured)

(the "Insured"), of 500 World Commerce Parkway, St. Augustine, FL 32092  
(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>FLD093856318</u>     | <u>Ring Power Corporation</u> | <u>6200 N. US 301/441, Ocala, FL 34475</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 HC2ECAP475M-5399-18, issued on 07/01/2018.  
(date)

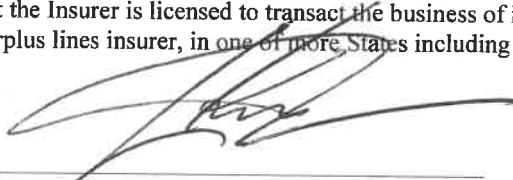
The effective date of said policy is 07/01/2018 and the expiration date of said policy  
(date)  
is 07/01/2019.  
(date)

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 N/A, issued on N/A. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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

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 or more States including Florida.



(Signature of Authorized Representative of Insurer)

L. Kipp Minter

(Typed name)

Agent

(Title)

Authorized Representative of

Travelers Indemnity Company of Connecticut

(Name of Insurer)

P.O. Box 4927, Orlando, FL 32802

(Address of Representative)

Client#: 1399763

131RPCINC

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/22/2018

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><br><b>BB&amp;T Insurance Services, Inc.</b><br><b>PO Box 4927</b><br><b>Orlando, FL 32802-4927</b><br><b>407 691-9600</b>                                           |  | <b>JUN 29 2018</b><br><b>Permitting &amp; Compliance Assistance Program</b> |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): 407 691-9600</b><br><b>FAX (A/C, No): 888-635-4183</b><br><b>E-MAIL ADDRESS:</b> |  |
| <b>INSURED</b><br><b>RPC Inc; Ring Power Corporation;</b><br><b>(Other Named Insds below, if applicable)</b><br><b>500 World Commerce Parkway</b><br><b>St. Augustine, FL 32092</b> |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                        |  | <b>NAIC #</b>                                                                                                                     |  |
|                                                                                                                                                                                     |  | <b>INSURER A : Travelers Indemnity Co of CT</b>                             |  | <b>25682</b>                                                                                                                      |  |
|                                                                                                                                                                                     |  | <b>INSURER B : Travelers Property Casualty Co of Am</b>                     |  | <b>25674</b>                                                                                                                      |  |
|                                                                                                                                                                                     |  | <b>INSURER C : Phoenix Insurance Company</b>                                |  | <b>25623</b>                                                                                                                      |  |
|                                                                                                                                                                                     |  | <b>INSURER D :</b>                                                          |  |                                                                                                                                   |  |
|                                                                                                                                                                                     |  | <b>INSURER E :</b>                                                          |  |                                                                                                                                   |  |
|                                                                                                                                                                                     |  | <b>INSURER F :</b>                                                          |  |                                                                                                                                   |  |

**COVERAGES****CERTIFICATE NUMBER: 18/19 Master****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                                                                                                                                                                                                                                                                     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS COMMERCIAL GENERAL LIABILITY</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    | <b>HC2EEXGL475M558</b><br><b>4TCT18</b><br><br><b>Limit is Excess over \$3,000,000 SIR.</b> | 07/01/2018              | 07/01/2019              | EACH OCCURRENCE <b>\$2,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$NA</b><br>MED EXP (Any one person) <b>\$NA</b><br>PERSONAL & ADV INJURY <b>\$2,000,000</b><br>GENERAL AGGREGATE <b>\$5,000,000</b><br>PRODUCTS - COMP/OP AGG <b>\$5,000,000</b><br>\$ |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                                                                                                                  |                    | <b>HC2ECAP475M5399</b><br><b>TCT18</b><br><br><b>Includes Garagekeepers</b>                 | 07/01/2018              | 07/01/2019              | COMBINED SINGLE LIMIT (Ea accident) <b>\$5,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                      |
| <b>B</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION <b>\$10000</b>                                                                                                                                                      |                    | <b>ZUP61M5404318NF</b>                                                                      | 07/01/2018              | 07/01/2019              | EACH OCCURRENCE <b>\$25,000,000</b><br>AGGREGATE <b>\$25,000,000</b><br>\$                                                                                                                                                                                                 |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory In NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                             | N/A                | <b>HC2NUB9D91013518</b>                                                                     | 07/01/2018              | 07/01/2019              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT <b>\$1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b><br>E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>                                        |

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

**CERTIFICATE HOLDER****CANCELLATION**

Department of Environmental Protection  
 Bureau of Petroleum Storage Systems  
 2600 Blainstone Road-MS 4525  
 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

