

REVIEWED

By Janet Ashwood at 12:35 pm, Aug 09, 2018

Florida Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

RECEIVED
Florida Department of Environmental Protection
For assistance call: 850-245-8707

AUG 09 2018

Permitting & Compliance
Assistance Program

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

1. XL Insurance America, Inc.
(Name of Insurer)
(the "Insurer"), of 505 Eagleview Blvd., Suite 100, Exton, PA 19341
(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

Heritage-Crystal Clean, LLC
(Name of Insured)
(the "Insured"), of 2175 Point Blvd, Suite 375, Elgin, IL 60123
(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:

EPA/DEP I.D. No.	Name	Physical Address
ILR000130062	Heritage-Crystal Clean	2175 Point Blvd. #375 Elgin IL 60123
FLD065680613	Heritage-Crystal Clean	105 S. Alexander St. Plant City FL 33563
FLD984262410	Heritage-Crystal Clean	1280 NE 48 th Street Pompano Beach FL 33064
FLR000170431	Heritage-Crystal Clean	9940 Currie Davis Drive A44 Tampa FL 33619
FLR000154278	Heritage-Crystal Clean	11643 103 rd Street Jacksonville FL 33210

(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 or each accident, exclusive of legal defense costs. The coverage is provided under policy number AEC002320211, issued on 06/01/2018 _____
(date)

The effective date of said policy is 06/01/2018 _____ and the expiration date of said policy
is 06/01/2019 _____
(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 _____, issued on _____
(date)
said policy is _____ and the expiration date of said policy is _____
(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 of more States including Florida.


(Signature of Authorized Representative of Insurer)

Joseph S. Catanese
(Typed name)

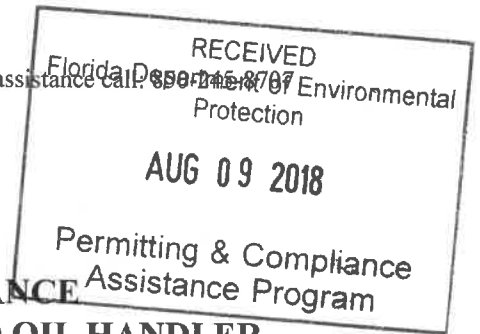
Vice President
(Title)

Authorized Representative of
XL Insurance America, Inc.
(Name of Insurer)

505 Eagleview Blvd., Suite 100, Exton, PA 19341
(Address of Representative)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 904-249-8707



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

1. XL Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Suite 100, Exton, PA 19341

(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

Heritage-Crystal Clean, LLC

(Name of Insured)

(the "Insured"), of 2175 Point Blvd. Suite 375, Elgin, IL 60123

(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>
ILR000130062	Heritage-Crystal Clean	2175 Point Blvd. #375 Elgin IL 60123
FLD065680613	Heritage-Crystal Clean	105 S. Alexander St. Plant City FL 33563
FLD984262410	Heritage-Crystal Clean	1280 NE 48 th Street Pompano Beach FL 33064
FLR000170431	Heritage-Crystal Clean	9940 Currie Davis Drive A44 Tampa FL 33619
FLR000154278	Heritage-Crystal Clean	11643 103 rd Street Jacksonville FL 33210

(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 \$ _____ 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 _____ (date) and the expiration date of said policy is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$1,000,000 _____ for each accident in excess of the underlying limit of \$1,000,000 _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC002320311 _____, issued on 06/01/2018 _____. The effective date of said policy is 06/01/2018 _____ (date) and the expiration date of said policy is 06/01/2019 _____ (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 of more States including Florida.



(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

Authorized Representative of
XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Suite 100, Exton, PA 19341

(Address of Representative)