REVIEWED

By Janet Ashwood at 2:02 pm, Aug 30, 2018 of Environmental Protection

2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-870 Environmental Protection

AUG 24 2018

STATE OF FLORIDA Permitting & Compliance CERTIFICATE OF LIABILITY INSURANCE Assistance Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

	(Name of Insurer)		
/41 - UTU\ - C175\M	later Street Naw York NV 10020		
(the "Insurer"), of 170 W	(Address of Insurer)		
	(riddiess of histiof)		
	has issued liability insurance co- ion for sudden accidental occurr	vering bodily injury and property dam	age including
TCI of Alabama, LLC			
	(Name of Insured)		
(the "Insured"), of 101	Parkway F. Pell City Al. 35125		
(the histired), or its	(Physical Address of Insure	d)	
		,	
		ate financial responsibility under Flor	ida
Administrative Code R	tule 62-710.600(2) and 62-730.	70. The coverage applies at:	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address	
			AL 0540
ALD983167891	TOTOL Alabama, LL	C 101 Parkway E., Pell City	, AL 35 12
(If coverage is for mult	iple facilities, identify each faci	lity insured.)	
_		•	
This insurance is prima	ry and the company shall not be	e liable for amounts in excess of	s provided
This insurance is <u>prima</u> \$_1,000,000	ury and the company shall not be for each accident, exclusive of	e liable for amounts in excess of f legal defense costs. The coverage is	s provided
This insurance is <u>prima</u> \$_1,000,000	ury and the company shall not be for each accident, exclusive of	e liable for amounts in excess of f legal defense costs. The coverage is	s provided
This insurance is <u>prima</u> \$ 1,000,000 under policy number 3	and the company shall not be for each accident, exclusive of forms, issued on 5/	e liable for amounts in excess of f legal defense costs. The coverage is (date)	
This insurance is <u>prima</u> \$ 1,000,000 under policy number 3	and the company shall not be for each accident, exclusive of forms, issued on 5/	e liable for amounts in excess of f legal defense costs. The coverage is	
This insurance is <u>prima</u> \$ 1,000,000 under policy number 3	ary and the company shall not be for each accident, exclusive of foreach accident, issued on 5/2 said policy is 5/15/2018	e liable for amounts in excess of f legal defense costs. The coverage is (date)	
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- 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)

Liz Hartranft

(Typed name)

Senior Client Manager, Oswald Companies

(Title)

Authorized Representative of

National Union Fire Insurance Co. of Pittsburgh, PA

(Name of Insurer)

1100 Superior Avenue, Ste. 1500, Cleveland, OH 44114

(Address of Representative)

REVIEWED

By Janet Ashwood at 2:08 pm, Aug 30, 2018

2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707 Florida Department of Environmental Protection

AUG 24 2018

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

	(Name of Insurer)				
(the "Insurer"), of 3 Sta	mford Plaza, 301 Tresser Blvd., 6th Fl	loor, Stamfoi	rd, CT 06901		
	(Address of Insurer)				
	has issued liability insurantion for sudden accidental of			ry and property	damage includin
TCI of Alabama, LLC					
	(Name of Insured)				
(the "Insured"), of 101	Parkway E., Pell City, AL 35125				
· //	(Physical Address of l	Insured)			
	insured's obligation to den Rule 62-710.600(2) and 62-				Florida
EPA/DEP I.D. No.	<u>Name</u>			Physical Addre	<u>ss</u>
ALD983167891	TCI of Alabama	. LLC	101 Parkv	vav E., Pell (Citv. AL 3512
If coverage is for mul	tiple facilities, identify eac	h facility	v insured.)		
	tiple facilities, identify eac		ŕ	ats in excess of	
This insurance is <u>prim</u> \$ 1,000,000	ary and the company shall for each accident, exclu	not be li	able for amoun		nge is provided
This insurance is <u>prim</u>	ary and the company shall for each accident, exclu	not be li	able for amoun		age is provided
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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)

Liz Hartranft

(Typed name)

Senior Client Manager, Oswald Companies

(Title)

Authorized Representative of

Berkley Insurance Company

(Name of Insurer)

1100 Superior Avenue, Ste. 1500, Cleveland, OH 44114

(Address of Representative)