Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call 850 545 8707
Florida Department of Environmental
Protection

MAR 05 2019

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE MINING & Compliance HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

	(Name of Insurer)	
(the "Insurer"), of	500 Colonial Center Parkway, S	suite 200, Rosewell, GA 30076
· // -	(Address of Insur	er)
hereby certifies that environmental restor	it has issued liability instation for sudden acciden	urance covering bodily injury and property damage including atal occurrences to
	Tank Wizards, Inc.	
	(Name of Insured))
(the "Insured"), of	7619 Coral Drive West N	Melbourne, FL 32907
,, 01	(Physical Address	
in connection with th Administrative Code	e insured's obligation to Rule 62-710.600(2) and	demonstrate financial responsibility under Florida 162-730.170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FL B000210542	Tank Wizards In	7619 Coral Drive West Melbourne, FL 3290
If coverage is for mu	ultiple facilities, identify	each facility insured)
This insurance is <u>prin</u>	for each accident, ex	each facility insured.) nall not be liable for amounts in excess of sclusive of legal defense costs. The coverage is provided used on
This insurance is <u>prints</u> 2,000,000 inder policy number The effective date of	nary and the company sheet for each accident, exercises in the company sheet for each accident in the co	nall not be liable for amounts in excess of sclusive of legal defense costs. The coverage is provided used on07/02/2018
This insurance is print 5 2,000,000 inder policy number The effective date of 07/02/2019	nary and the company sheet for each accident, exercises and policy is	nall not be liable for amounts in excess of sclusive of legal defense costs. The coverage is provided used on
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This insurance is print 5 2,000,000 Inder policy number The effective date of s 07/02/2019 (da: This insurance is exceed 2,000,000 (2,000,000)	nary and the company share for each accident, exercises and the company share for each accident for each accident.	nall not be liable for amounts in excess of sclusive of legal defense costs. The coverage is provided used on
This insurance is print (2,000,000) ander policy number The effective date of (2,000,000) (date of (2,000,000) (2,000,000) (ander policy number_	nary and the company share for each accident, exercises and the company share for each accident for each accident, exercises and the company share for each accident.	hall not be liable for amounts in excess of exclusive of legal defense costs. The coverage is provided used on

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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.

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- (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.

Diana Fink

(Signature of Authorized Representative of Insurer)

(Typed name)

President

(Title)

Authorized Representative of

Westchester Surplus Lines Insurance Company

(Name of Insurer)

13246 38th Street North, Clearwater, FL 33762

(Address of Representative)