

Mail original completed form to: 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

JUN 19 2019

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 19341-0636

(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.

ILR000130062  
FLD065680613  
FLD984262410  
FLR000170431  
FLR000154278

Name

Heritage-Crystal Clean  
Heritage-Crystal Clean  
Heritage-Crystal Clean  
Heritage-Crystal Clean  
Heritage-Crystal Clean

Physical Address

2175 Point Blvd. #375 Elgin IL 60123  
105 S. Alexander St. Plant City FL 33563  
1300 NE 48th Street Pompano Beach FL 33064  
9940 Currie Davis Drive A44 Tampa FL 33619  
11643 103rd Street Jacksonville FL 32210

(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 CSL for each accident, exclusive of legal defense costs. The coverage is provided under policy number AEC002320212, issued on 06/01/2019.

(date)

The effective date of said policy is 06/01/2019 and the expiration date of said policy

(date)

is 06/01/2020

(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)

(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)

**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 19341-0636

(Address of Representative)