



# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

08/20/2019  
David DeSha, EHS Mgr  
Clean Harbors Florida LLC  
7001 Kilo Avenue  
Bartow, FL 33830

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Clean Harbors Florida LLC** located at **7001 Kilo Ave, Bartow , FL 33830-6672**

**FLD980729610**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; Universal Pharmaceuticals, Large Quantity Handler.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp LQH, UW Device LQH, Pharmaceutical Reverse Distribution (reg exp on 03/01/2020); HW Transporter, HW Transfer Facility (reg exp on 06/30/2020) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2020).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 10/05/2021).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[https://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD980729610](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980729610).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

A handwritten signature in cursive script that reads "Glen Perrigan".

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 50782 , Email Address: [david.desha@safetykleen.com](mailto:david.desha@safetykleen.com)

RECEIVED  
Florida Department of Environmental  
Date Received  
(for FDEP Official Use Only)  
**JUN 27 2019**  
Permitting & Compliance  
Assistance Program



**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**  
DEP Waste Management Division—HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8707

EPA ID: 

F	L	D	9	8	0	7	2	9	6	1	0
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 Please use the instructions document to complete this form

**1. Reason for Submittal**  
(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:  
(must choose one if a notification)

To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  
 To provide subsequent notification (to update status and facility identification information).  
 To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)  UW Mercury (see page 3)  HW Transporter (see page 4)  Used Oil (see page 4)

**2. Facility or Business Name**  
CLEAN HARBORS FLORIDA

**3. Facility Operator**  
(List additional Operators in the comments section).

Name of Operator: JOHN BOSEK Date became Operator: 09 / 06 / 02  
Street or P.O. Box: 7001 KILO AVENUE Phone Number: 863-533-6111  
City or Town: BARTOW State: FL Zip Code: 33830-9572 Country (if not USA):  
Operator Type:  Private  Federal  Municipal  State  County  Other

**4. Facility Physical Location Information**  
(No P.O. Boxes)

Physical Street Address:  Vessel  
City or Town: State: Zip Code:  
 Same address as #3 above or: County: POLK Country (if not USA):

**5. Facility North American Industry Classification System (NAICS) Code(s)** (at least 5 digits)

A. 5 6 2 2 1 1 (required) B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_

**6. Facility or Business Mailing Address**

Same address as #\_\_ above or: Street or P.O. Box:  
City or Town: State: Zip/Postal Code: Country (if not USA):

**7. Facility or Business RCRA Contact Person**

First Name: DAVID Last Name: DESHA Title: MANAGER EHS  
Phone Number: 423-842-8308 Extension: E-Mail: DAVID.DESHA@SAFETYKLEEN.COM Fax:  
Street or P.O. Box:  
 Same address as #\_\_ above or: City or Town: BARTOW State: Zip Code: Country (if not USA):

**8. Real Property (FL Land) Owner of the Facility's Physical Location**  
(List additional owners in the comments section.)

Name of Owner: CITY OF BARTOW Date became Owner: 01 / 01 / 1980  
 New Owner mm dd yy  
Street or P.O. Box: P.O. BOX 650 Phone Number: 863-533-1195  
City or Town: BARTOW State: FL Zip Code: 33831 Country (if not USA):  
 Same address as #\_\_ above or: Owner Type:  Private  Federal  Municipal  State  County  Other

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**

**(A) (1) Generator of Hazardous Waste**

Yes  No (Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

- a. Large Quantity Generator (LQG):**  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)
- b. Small Quantity Generator (SQG):**  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)
- c. Conditionally Exempt SQG (CESQG):**  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste

In addition, indicate other generator activities that apply.

- d. Short-Term Generator (one-time, not on-going)
- e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG
- f. United States Importer of hazardous waste
- g. Mixed Waste (hazardous and radioactive) Generator

**For Items 2 through 7, mark 'X' in all that apply.**

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-Commercial TSD
- c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)
- (3) Recycler of Hazardous Waste (at your facility)**  
Specify:  Commercial  Non-Commercial.  
Note: A permit is required for storage prior to recycling.
- (4) Exempt Boiler and/or Industrial Furnace**
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, and Refining Furnace Exemption
- (5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities**  
Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.
- (6) Receives Hazardous Waste from Off-Site**
- (7) Underground Injection Control**

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1 D001	2 D002	3 D003	4 D004	5 D005	6 D006	7 D007
8 D008	9 D009	10 D010	11 D011	12 D012	13 D013	14 D014
15 D015	16 D016	17 D017	18 D018	19 D019	20 D020	21 D021

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

- (A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)
  - (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.
- (B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)
  - (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
  - (2) Out of Business - Business closed on \_\_\_\_\_ (date)

- (C) Property Tax Default**
- (D) Petition for Bankruptcy Protection**

**12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No.
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)</b>  Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps  <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<b>For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).</b>  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>		
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
	<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
	<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>		
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]		

**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.** Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

**This facility is a registered transporter of hazardous waste.**

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

1. For own waste only  2. For commercial purposes  3. Both commercial and own waste

4. Transportation Mode  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

**This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume \_\_\_\_\_

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

**Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.**

**The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):**

Our mailing (business) address  The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: 

M	A	D	0	3	9	3	2	2	2	0
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**Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.):]**

**15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),**

**Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register** with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

- a. Transporter (off-site) and noncontiguous locations
- b. Transfer Facility

(2)  Collection Center (From businesses, no more than 55 gal per shipment)

(3)  Used Oil Processor (A permit is required.)

(4)  Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer  On-Spec  Off-Spec

(6) Used Oil Filter Management (must annually register)

- a. Transporter
- b. Transfer Facility
- c. Processor (Annual Report Required)
- d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

Our mailing (business) address  The site (facility) address

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.**

**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):


The used oil annual report is attached  Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

Section 10 continued: D023 D024 D025 D026 D027 D028 D029 D030 D031 D032 D033 D034 D035 D036 D037 D038 D039 D040 D041 D042 D043 F001 F002 F003 F004 F005 F006 F007 F008 F019 F027 F032 F034 F035 F037 F038 K022 K049 K050 K051 K169 K170 K171 P001 P008 P012 P015 P022 P024 P028 P029 P030 P034 P037 P039 P042 P044 P050 P066 P070 P075 P077 P081 P087 P098 P099 P105 P106 P108 P119 P120 P121 P123 P188 P194 P199 P204 U001 U002 U003 U004 U006 U007 U008 U009 U010 U012 U019 U020 U022 U026 U028 U029 U030 U031 U035 U036 U037 U039 U041 U043 U044 U045 U048 U050 U051 U052 U055 U056 U057 U058 U059 U061 U066 U067 U068 U069 U070 U071 U072 U076 U077 U078 U079 U080 U081 U082 U084 U088 U089 U092 U102 U103 U105 U107 U108 U112 U113 U114 U115 U117 U118 U121 U122 U123 U125 U127 U128 U129 U131 U132 U133 U134 U135 U138 U140 U144 U146 U147 U150 U151 U154 U155 U159 U160 U161 U162 U164 U165 U166 U169 U170 U185 U187 U188 U190 U196 U197 U200 U201 U205 U206 U207 U208 U209 U210 U211 U213 U218 U219 U220 U223 U226 U227 U228 U236 U237 U239 U240 U244 U247 U248 U249 U271 U278 U279 U328 U353 U359 U404 U411

**17. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

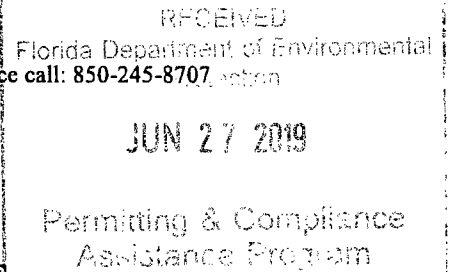
Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Mike Conner Compliance Manager	<input checked="" type="checkbox"/>	01/20/15
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

David DeSha (423) 413-1218 desha.david@cleanharbors.com  
 (Name of person completing this form) (Phone Number) (E-mail Address)

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

For assistance call: 850-245-8707, ext. 100



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

1. ACE American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia PA  
(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

Clean Harbors, Inc.  
(Name of Insured)

(the "Insured"), of 42 Longwater Drive, Norwell, MA 02061  
(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>MAD039322250</u>	<u>Clean Harbors Environmental Services, Inc.</u>	<u>42 Longwater Dr., Norwell MA 02061</u>
<u>FLD980729610</u>	<u>Clean Harbors Florida, LLC</u>	<u>7001 Kilo Drive, Bartow FL 33830</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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ISAH25271865, issued on 11/01/2018.  
(date)


The effective date of said policy is 11/01/2018 and the expiration date of said policy is 11/01/2019.  
(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)  
The effective date of 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)

Mary Ellen Glennon  
\_\_\_\_\_  
(Typed name)

VP  
\_\_\_\_\_  
(Title)

Authorized Representative of

ACE American Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

One Financial Center , 24th Floor , Boston, MA 02111  
\_\_\_\_\_  
(Address of Representative)