

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

RECEIVED  
Department of Environmental  
Protection

OCT 08 2019

Permitting & Compliance  
Assistance Program

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

1. Zurich American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196  
(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

Shamrock Environmental Corporation  
(Name of Insured)

(the "Insured"), of 6106 Corporate Park Drive, Browns Summit, NC 27214  
(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>NC0000942144</u>     | <u>Shamrock Environmental Corp</u> |                         |

6106 Corporate Park Drive, Browns Summit, NC 27214

(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 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP3433313, issued on 10/01/2019.  
(date)

The effective date of said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020.  
(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 MKLV2EFX100380, issued on 10/01/2019. The effective date of said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020.  
(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.

Amy Summers  
(Signature of Authorized Representative of Insurer)

**Amy Summers**  
(Typed name)

**Commercial Account Analyst**  
(Title)

Authorized Representative of  
**Zurich American Insurance Company**  
(Name of Insurer)

**628 Green Valley Rd., #306, Greensboro, NC 27408**  
(Address of Representative)

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

1. Evanston Insurance Company  
(Name of Insurer)

(the "Insurer"), of Ten Parkway North, Deerfield IL 60015  
(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

Shamrock Environmental Corporation  
(Name of Insured)

(the "Insured"), of 6106 Corporate Park Drive, Browns Summit, NC 27214  
(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> |
|-------------------------|-----------------------------|-------------------------|
| NC0000942144            | Shamrock Environmental Corp |                         |

6106 Corporate Park Drive, Browns Summit, NC 27214

(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 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MKLV2ENV101364, issued on 10/01/2019.  
(date)

The effective date of said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020.  
(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 MKLV2EFX100380, issued on 10/01/2019. The effective date of said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020.  
(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.

Amy Summers

(Signature of Authorized Representative of Insurer)

Amy Summers

(Typed name)

Commercial Account Analyst

(Title)

Authorized Representative of

Evanston Insurance Company

(Name of Insurer)

628 Green Valley Rd., #306, Greensboro, NC 27408

(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |   |                                    |               |
|--|---|------------------------------------|---------------|
| <b>PRODUCER</b><br>Scott Ins (Greensboro)<br>628 Green Valley Road Ste. 306<br>Greensboro NC 27408                                     | <b>CONTACT NAME:</b> Amy Summers                        |                                    |               |
|  | <b>PHONE (A/C, No, Ext):</b> 336-510-0075               | <b>FAX (A/C, No):</b> 434-455-8965 |               |
| <b>E-MAIL ADDRESS:</b> asummers@scottins.com   |   |                                    |               |
| <b>INSURED</b><br>SHAMR-9<br>Shamrock Environmental Corporation<br>Dennis Snead<br>6106 Corporate Park Drive<br>Browns Summit NC 27214 | <b>INSURER(S) AFFORDING COVERAGE</b>                    |                                    | <b>NAIC #</b> |
|  | INSURER A : Zurich American Insurance Company (A+)      |                                    | 16535         |
|  | INSURER B : Evanston Insurance Company (A)              |                                    | 35378         |
|  | INSURER C : Navigators Specialty Insurance Company (A+) |                                    | 36056         |
|  | INSURER D :   |                                    |               |
|  | INSURER E :   |                                    |               |
| INSURER F :  |   |                                    |               |

**COVERAGES**

CERTIFICATE NUMBER: 1633492491

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER                      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|---|-----------|----------|------------------------------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> X.C.U.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | GLO 3433314                        | 10/1/2019               | 10/1/2020               | EACH OCCURRENCE   | \$ 1,000,000 |
|          |   |           |          |                                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 300,000   |
|          |   |           |          |                                    |                         |                         | MED EXP (Any one person)  | \$ 10,000    |
|          |   |           |          |                                    |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |   |           |          |                                    |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
|          |   |           |          |                                    |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
|          |   |           |          |                                    |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> Col \$1,000               |           |          | BAP 3433313                        | 10/1/2019               | 10/1/2020               | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |   |           |          |                                    |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |   |           |          |                                    |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |   |           |          |                                    |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |   |           |          |                                    |                         |                         | Endorsement   | \$ MCS-90    |
| B<br>C   | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | MKL2V2EFX100380<br>GA19EXCZ02LTYIC | 10/1/2019<br>10/1/2019  | 10/1/2020<br>10/1/2020  | EACH OCCURRENCE   | \$ 5,000,000 |
|          |   |           |          |                                    |                         |                         | AGGREGATE   | \$ 5,000,000 |
|          |   |           |          |                                    |                         |                         | Excess over Umbrella  | \$ 4,000,000 |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | WC 3433312                         | 10/1/2019               | 10/1/2020               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          |   |           |          |                                    |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|          |   |           |          |                                    |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|          |   |           |          |                                    |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |
| B<br>A   | Contractor Pollution/Professional Installation Floater  |           |          | MKL2V2ENV101364<br>CPP015825803    | 10/1/2019<br>10/1/2019  | 10/1/2020<br>10/1/2020  | \$10,000,000  | \$10,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured as respects general liability, auto liability and excess liability as required by a written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Florida Dept of Environmental Protection, Hazardous Waste Management Section MS 4555  
 2600 Blair Stone Road  
 Tallahassee FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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