Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400



001 2 1 2019

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

(
•	Name of Insurer)	
(the "Insurer"), of PO Box 9190	Des Moines IA 50306	
(Address of Insurer)	
hereby certifies that it has is environmental restoration fo	sued liability insurance covering or sudden accidental occurrences	bodily injury and property damage incluto
Hagan Holding Company dba Howco El	nvironmental Services	
C	Name of Insured)	
(the "Insured"), of 3701 Central	Ave St Petersburg, FL 33713	
	Physical Address of Insured)	
in connection with the insure Administrative Code Rule 6.	ed's obligation to demonstrate fir 2-710.600(2) and 62-730.170. T	nancial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLD152764767 Howc	o Environmental Service	es 843 43rd St S St. Pete FL 33
FL0001000611 Howo	o Env Services 2650A F	dison Ave Et Myers El 33016
FL0001000611 Howc	o Env Services 2650A E	dison Ave Ft. Myers FL 33916
	co Env Services 2650A E	
(If coverage is for multiple fa This insurance is <u>primary</u> and \$_1,000,000 for	acilities, identify each facility ins d the company shall not be liable each accident, exclusive of legal	sured.) e for amounts in excess of defense costs. The coverage is provided
(If coverage is for multiple for This insurance is <u>primary</u> and \$\frac{1,000,000}{for under policy number BAP2027.	acilities, identify each facility ins d the company shall not be liable each accident, exclusive of legal 26011, issued on	sured.) c for amounts in excess of defense costs. The coverage is provided (date)
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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

For assistance call: 850-245-8707

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.

bud New	
(Signature of Authorized Representative of Insurer)	
Andrea Shaw	
(Typed name)	
Agent	
(Title)	

Authorized Representative of

Great Divide Insurance Company

(Name of Insurer)

4100 Goodlette Rd Naples FL 34103

(Address of Representative)

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Florida Department of Environment Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707 Protection

Umbrella

1.

OCT 21 2019

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

Maulius insurance Company		
	(Name of Insurer)	
(the "Insurer"), of ⁷²³	3 E Butherus Dr Scottsdale, AZ 8	5260
, , , , , ,	(Address of Insurer)	
hereby certifies that it l environmental restorati	has issued liability insurance cove	ering bodily injury and property damage including nees to
Hagan Holding Company dba H	lowco Environmental Services	
	(Name of Insured)	
(the "Insured"), of 3701	Central Ave St Petersburg, FL 33713	
, , , , , , , , , , , , , , , , , , , ,	(Physical Address of Insured)	
in connection with the Administrative Code R	insured's obligation to demonstrat cule 62-710.600(2) and 62-730.17	e financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FI D152764767 H	lowco Environmental Sen	vices 843 43rd St S St. Pete FL 3371
(If across is for	1.1. f. 1121. 11 46 1 6 414	
(If coverage is for multi	iple facilities, identify each facilit	y insured.)
This insurance is prima	ry and the company shall not be li	
\$	for each accident, exclusive of l	egal defense costs. The coverage is provided
Sunder policy number The effective date of sa	for each accident, exclusive of l , issued on	egal defense costs. The coverage is provided
Sunder policy number The effective date of sa is 06/28/2020	for each accident, exclusive of l , issued on id policy is 06/28/2019 (date)	egal defense costs. The coverage is provided (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)	
(Typed name)	
Agent	
(Title)	

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

4100 Goodlette Rd Naples FL 34103

(Address of Representative)

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707
Florida Department of Environmental Projection

OCT 2 1 2019

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

	(Name of Insurer)	
(the "Insurer"), of 7233 E	Butherus Dr Scottsdale, AZ 85260	
	(Address of Insurer)	
hereby certifies that it has is environmental restoration f	ssued liability insurance covering boo or sudden accidental occurrences to	lily injury and property damage including
Hagan Holding Company dba Howco	Environmental Services	
	(Name of Insured)	
(the "Insured"), of 3701 Centr	al Ave St Petersburg, FL 33713	
`	(Physical Address of Insured)	
in connection with the insur Administrative Code Rule (red's obligation to demonstrate finance 52-710.600(2) and 62-730.170. The	ial responsibility under Florida coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
ELD152764767 How	co Environmental Services (343 43rd St S St. Pete FL 3371
FL0001000611 How	co Env Services 2650A Edis	son Ave Ft. Myers FL 33916
If coverage is for multiple		
	facilities, identify each facility insure	d.)
This insurance is <u>primary</u> an § 1,000,000 for	nd the company shall not be liable for each accident, exclusive of legal decent accident, issued on 06/28/2019	•
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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.
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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.

lee Dow
(Signature of Authorized Representative of Insurer)
Andrea Shaw (Typed name)
Agent (Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

4100 Goodlette Rd Naples FL 34103

(Address of Representative)



Florida Department of Environmental Protection

OCT 21 2019

Permitting & Compliance Assistance Program

October 16, 2019

Dept of Environmental Protection 2600 Blair Stone Rd Mail Station 4560 Tallahassee FL 32399-2400

Re: Howco Environmental FLD162764767

Enclosed please find the certificate of liability coverage for hazardous waste transporter and used oil handler as requested.

If anything else is required, please feel free to contact us.

Sincerely,

Andrea M. Shaw, AAI, AIAM

CL Client Executive 239 435-7113 Direct

239 213-2803 Fax

ashaw@gulfshoreinsurance.com