

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
Florida Department of Environmental
Protection

OCT 21 2019

Permitting & Compliance
Assistance Program

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

1. Great Divide Insurance Company

(Name of Insurer)

(the "Insurer"), of PO Box 9190 Des Moines IA 50306

(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

Hagan Holding Company dba Howco Environmental Services

(Name of Insured)

(the "Insured"), of 3701 Central Ave St Petersburg, FL 33713

(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.

Name

Physical Address

FLD152764767 Howco Environmental Services 843 43rd St S St. Pete FL 33711

FLD101828689 Howco Environmental Services 24133 SR 40 Astor FL 32101

FL0001000611 Howco Env Services 2650A Edison Ave Ft. Myers FL 33916

(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 BAP202726011, issued on 06/28/2019
(date)


The effective date of said policy is 06/28/2019 and the expiration date of said policy
(date)
is 06/28/2020
(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 _____. The effective date of
(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)


(Typed name)

Agent

(Title)

Authorized Representative of

Great Divide Insurance Company

(Name of Insurer)

4100 Goodlette Rd Naples FL 34103

(Address of Representative)

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Umbrella

OCT 21 2019

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

Permitting & Compliance
Assistance Program

1. Nautilus Insurance Company

(Name of Insurer)

(the "Insurer"), of 7233 E Butherus Dr Scottsdale, AZ 85260

(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

Hagan Holding Company dba Howco Environmental Services

(Name of Insured)

(the "Insured"), of 3701 Central Ave St Petersburg, FL 33713

(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.

Name

Physical Address

FLD152764767 Howco Environmental Services 843 43rd St S St. Pete FL 33711

FLD101828689 Howco Environmental Services 24133 SR 40 Astor FL 32101

FL0001000611 Howco Environmental Services 2650A Edison Ave Ft. Myers FL 3

(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
\$ _____ 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 06/28/2019 and the expiration date of said policy
(date)
is 06/28/2020.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ 2,000,000 for each accident in excess of the underlying limit of
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number FFX202656911, issued on 06/28/2019. The effective date of
(date)
said policy is 06/28/2019 and the expiration date of said policy is 06/28/2020.
(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)


(Typed name)

Agent
(Title)

Authorized Representative of

Nautilus Insurance Company
(Name of Insurer)

4100 Goodlette Rd Naples FL 34103
(Address of Representative)

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2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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

1. Nautilus Insurance Company

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(the "Insurer"), of 7233 E Butherus Dr Scottsdale, AZ 85260

(Address of Insurer)

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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.

Name

Physical Address

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FLD101828689 Howco Environmental Services 24133 SR 40 Astor FL 32101

FL0001000611 Howco Env Services 2650A Edison Ave Ft. Myers FL 33916

(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 GSP202657011, issued on 06/28/2019.
(date)


The effective date of said policy is 06/28/2019 and the expiration date of said policy
(date)
is 06/28/2020.
(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 _____. The effective date of
(date)
said policy is _____ and the expiration date of said policy is _____.
(date) (date)

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)



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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