

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

NOV 12 2019

Permitting & Compliance  
Assistance Program

**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER  
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR0001095737	TROPICAL SHIPPING & CONSTRUCTION CO LTD/SALTCHUK RESOURCES, INC.	
	5 E. 11TH STREET	RIVIERA BEACH, FL 33404

(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 the legal defense costs.

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.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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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(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.

Attached to and forming part of policy No. TC2J-840-4251B840-TIL-19 issued by  
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA, herein called the Insurer, of  
[Name of Insurer]  
ONE TOWER SQUARE HARTFORD, CT 06183 to  
[Address of Insurer]  
SALTCHUK RESOURCES, INC. of  
[Name of Insured]  
450 ALASKAN WAY SOUTH, STE 708 SEATTLE, WA 98104

[Physical Address of Insured]  
this 7TH day of NOV, 2019.  
(Day) (Month) (Year)

The effective date of said policy is 1ST day of NOVEMBER, 2019.  
(Day) (Month) (Year)

The expiration date of said policy is 1ST day of NOVEMBER, 2020.  
(Day) (Month) (Year)

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 or more states including Florida.

*Sandy L. Batten*  
[Signature of Authorized Representative of Insurer]

SANDY L. BATTEN  
[Type Name]

CUSTOMER SOLUTIONS SPECIALIST  
[Title]

Authorized Representative of  
TRAVELERS PROPERTY CASUALTY CO OF AMERICA  
[Name of Insurer]

9954 Mayland Drive, Ste 6100 Richmond, VA 23233  
[Address of Representative]

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**KINDLY ACKNOWLEDGE AND RETURN TO  
TRAVELERS INSURANCE CO. C/L  
P.O. BOX 26426  
RICHMOND, VA. 23260-6426**

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*Sandy L. Batten*  
[Signature of Authorized Representative of Insurer]

SANDY L. BATTEN

[Type Name]

CUSTOMER SOLUTIONS SPECIALIST

[Title]

Authorized Representative of

TRAVELERS PROPERTY CASUALTY CO OF AMERICA

[Name of Insurer]

9954 Mayland Drive, Ste 6100 Richmond, VA 23233

[Address of Representative]

*Y Compliance  
Ste 6100  
Attn: Sandy Batters*

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 49 HARTFORD, CT

POSTAGE WILL BE PAID BY ADDRESSEE

TRAVELERS  
FOS COMMERCIAL LINES  
9954 MAYLAND DRIVE SUITE 6100  
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NO POSTAGE  
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