

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

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

DEC 30 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 1299 Zurich Way, Schaumborg, 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

Enhanced Environmental & Emergency Services, Inc.
(Name of Insured)

(the "Insured"), of 1004 Industrial Park Drive, Clinton, MS 39056
(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>FLR000231274</u>	<u>Enhanced Environmental & Emergency Services, Inc./NWD</u>	

9361 Hamman Ave, Pensacola 32514

(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 BAP562773200, issued on 11/14/2019.
(date)

The effective date of said policy is 11/01/2019 and the expiration date of said policy is 11/01/2020.
(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 EX00E9919, issued on 11/14/2019. The effective date of said policy is 11/01/2019 and the expiration date of said policy is 11/01/2020.
(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)

Penny Dugas

(Typed name)

Commercial Account Manager

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

2014 W Pinhook Road, Suite 610, Lafayette, LA 70508

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2019

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER BXS Insurance 2014 W Pinhook Road, Suite 610 Lafayette LA 70508		CONTACT NAME: Linda Ray PHONE (A/C No, Ext): 337-769-4546 E-MAIL ADDRESS: linda.ray@bxsi.com FAX (A/C, No):	
INSURED Enhanced Environmental & Emergency Services, Inc. DBA E3 Environmental PO Box 7 Clinton MS 39060		ENHAENV-01	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : XL Specialty Insurance Company	
		INSURER B : Steadfast Insurance Company	
		INSURER C : Zurich American Insurance Co	
		INSURER D : Aspen Specialty Ins Co	
		INSURER E : Colony Insurance Company	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1457605966

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GPL562773300	11/1/2019	11/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HCPD	Y	Y	BAP562773200	11/1/2019	11/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp Coll Deductibles \$ See Remarks
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EX00E9919 EXO4257313	11/1/2019 11/1/2019	11/1/2020 11/1/2020	EACH OCCURRENCE \$40,000,000 AGGREGATE \$40,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WC565129600	11/1/2019	11/1/2020	<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 B A	Contractors Pollution Professional Liability Contractor's Equipment	Y Y	Y Y	GPL562773300 GPL562773300 UM00079623MA19A	11/1/2019 11/1/2019 9/9/2019	11/1/2020 11/1/2020 11/1/2020	Limit of Liability \$2,000,000 Limits of Liability \$2,000,000 Rent/Leased Equip \$1,500,000

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

General Liability Includes:

Blanket Additional Insured-Owners, Lessees or Contractors Completed Operations, Blanket Additional Insured-Owners, Lessees or Contractors Scheduled Person or Organization, Non-Owned Watercraft to 51 Feet, Blanket Waiver of Subrogation, 30 Day Notice of Cancellation and Primary and Non Contributory Endorsement.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Department of Environmental Protection
 2600 Blair Stone Road
 Mail Station 4560
 Tallahassee FL 32399

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

[Signature]

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ADDITIONAL REMARKS SCHEDULE

AGENCY BXS Insurance		NAMED INSURED Enhanced Environmental & Emergency Services, Inc. DBA E3 Environmental PO Box 7 Clinton MS 39060	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Auto Includes:

Blanket Additional Insured, Blanket Waiver of Subrogation, Pollution Liability Broadened Coverage for Covered Autos (CA9948), 30 Day Notice of Cancellation, and MCS90. Comprehensive and Collision Deductibles: Light/Medium/PPTs \$2,500 Comprehensive & \$2,500 Collision; Heavy/Extra Heavy Trucks \$5,000 Comprehensive & \$5,000 Collision; Tractors \$5,000 Comprehensive & \$5,000 Collision; Trailers \$1,000 Comprehensive & \$1,000 Collision; Hired Car \$1,000 Comprehensive & \$1,000 Collision.

Workers Compensation:

Tim Parkman Excluded, Blanket Alternate Employer, US Longshore & Harbor Workers Compensation Act, Outer Continental Shelf Land Act Endorsement, Blanket Waiver of Subrogation, & 30 Day Notice of Cancellation

Contractors Pollution Liability Includes:

Marine Vessel Pollution and Transportation Pollution Liability - \$1,000,000 Each Pollution Condition

Equipment Floater:

Special Form, includes \$10,000 waterborne, Blanket Loss Payee

Excess Liability Includes:

Follows form on General Liability, Auto, Employers Liability, Professional Liability, and Contractors Pollution.

General Liability, Auto and Umbrella Policies Include 30 Day Notice of Cancellation in favor of Department of Environmental Protection