

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
850-245-8707

FEB 10 2020

Permitting & Compliance
Assistance Program

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

1. Ironshore Specialty Insurance Company
(Name of Insurer)

(the "Insurer"), of 175 Berkeley St, Boston MA 02116
(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

Triumvirate Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314
(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>
FLD 980559728	Triumvirate Environmental Services, Inc.	10100 Rocket Blvd, Orlando, FL 32824

FLD 981018773 Triumvirate Environmental Services, Inc. 3670 SW 47th Ave, Davie, FL 33314

MAC 300016672 Triumvirate Environmental, Inc. 200 Inner Belt Road, Somerville, MA 02143

(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 002615004, issued on 12/31/2019 (date)


The effective date of said policy is 12/31/2019 and the expiration date of said policy is 12/31/2020 (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 _____ (date). The effective date of said policy is _____ and the expiration date of said policy is 12/31/2020 (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.



(Signature of Authorized Representative of Insurer)

Jeffrey Duca

(Typed name)

Regional Underwriting Manager

(Title)

Authorized Representative of

Ironshore Specialty Insurance Company

(Name of Insurer)

175 Berkeley St, Boston MA 02116

(Address of Representative)

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

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1. National Union Fire Ins Pittsburgh, PA
(Name of Insurer)

(the "Insurer"), of 175 Water Street, New York, NY 10038
(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

Triumvirate Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314
(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>
FLD 980559728	Triumvirate Environmental Services, Inc.	10100 Rocket Blvd, Orlando, FL 32824

FLD 981018773	Triumvirate Environmental Services, Inc.	3670 SW 47th Ave, Davie, FL 33314
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MAC 300016672	Triumvirate Environmental, Inc.	200 Inner Belt Road, Somerville, MA 02143
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(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 \$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 1722358, issued on 12/26/2019.
(date)

The effective date of said policy is 12/31/2019 and the expiration date of said policy is 12/31/2020.
(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 _____.
(date)
The effective date of said policy is _____ and the expiration date of said policy is 12/31/2020.
(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.



(Signature of Authorized Representative of Insurer)

Michael O'Neill

(Typed name)

Regional Underwriting Manager

(Title)

Authorized Representative of

National Union Fire Ins Pittsburgh, PA

(Name of Insurer)

99 High Street, 25th Flr, Boston, MA 02110

(Address of Representative)



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February 6, 2020

VIA UPS 2ND DAY AIR, TRACKING # 1Z 75R 82R 02 9980 8305

Florida Department of Environmental Protection
2600 Blair Stone Road, MS 4560
Tallahassee, Florida 32399

Re: FDEP I.D. Number FLD 981018773, Triumvirate Environmental Services, Inc., 3670 SW 47th Ave., Davie, FL 33314 and
FDEP I.D. Number FLD 980559728, Triumvirate Environmental Services, Inc., 10100 Rocket Blvd., Orlando, FL 32824

Dear Sir or Madam:

Enclosed please find one (1) signed original FL DEP Form 62-730.900(5)(a) showing the above referenced insured's policy # 1722358 and one (1) signed original FL DEP Form 62-730.900(5)(a) showing the above referenced insured's policy # 002615004.

If you have any questions, please call me at 617.715.9019.

Yours truly,

A handwritten signature in blue ink that reads "Emily Duquette".

Emily Duquette
Contracts Manager

Enclosures: 2