Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call P\$505245-8707
Florida Department of Environmental Protection

AUG 11 2020

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

(Name of Insurer)	
HARNEY STREET OMAHA,NE 68131	
(Address of Insurer)	
nas issued liability insurance covering bodily i on for sudden accidental occurrences to	injury and property damage includin
ES INC	
(Name of Insured)	
5 NW 30 AVE MIAMI EL 33147	
(Thysical Address of History)	
insured's obligation to demonstrate financial regule 62-710.600(2) and 62-730.170. The cover	
Name	Physical Address
Havana Waste Oil Services Inc.	see below
iple facilities, identify each facility insured.)	
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	nas issued liability insurance covering bodily on for sudden accidental occurrences to IS INC (Name of Insured) 5 NW 30 AVE., MIAMI, FL 33147 (Physical Address of Insured) Insured's obligation to demonstrate financial rule 62-710.600(2) and 62-730.170. The covering the covering bodily insurance covering bodily in the covering bodily insurance covering bodily in the covering bodily insurance covering bodily insurance covering bodily insurance covering bodily in the covering bodily insurance covering bodily in the covering bodily in the covering bodily insurance covering bodily in the co

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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.

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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.
- (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.

Donlill	
(Signature of Authorized Representative of Insurer)	
Dan Little	
(Typed name)	
Assistant Vice President	
(Title)	

Authorized Representative of

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

(Name of Insurer)

3024 Harney Street Omaha, NE 68131

(Address of Representative)