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1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

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JAN 04 2021

Permitting & Compliance

STATE OF FLORIDA

## Assistance Program CERTIFICATE OF LIABILITY INSUR HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Zurich American	Insurance Company (Name of Insurer)		
(the "Insurer"), of	1299 Zurich Way, Schau	mburg, IL 60	196-1056
-	(Address of Insurer)  has issued liability insurance cotion for sudden accidental occur		njury and property damage including
Everglades \	Waste Removal Services, LI (Name of Insured)	LC	
(the "Insured"), of	851 Eller Drive, Ft. Laud (Physical Address of Insur-	erdale, FL 33 ed)	316
	e insured's obligation to demonst Rule 62-710.600(2) and 62-730.		
EPA/DEP I.D. No.	Name		Physical Address
		ervices, LLC	851 Eller Drive, Ft. Lauderdale, 33316
(If coverage is for mu	ltiple facilities, identify each fac	ility insured.)	
This insurance is prin	nary and the company shall not b	e liable for ame	ounts in excess of
\$_2,000,000	for each accident, exclusive BAP 0274662-03, issued on	of legal defense	e costs. The coverage is provided
under poney number	, issued oir_	(date)	
	40/04/0000		
The effective date of	said policy is 12/31/2020	and the	expiration date of said policy
	said policy is 12/31/2020 (date)	and the	expiration date of said policy
is12/31/2021	(date)	and the	expiration date of said policy
12/21/2021	(date)	and the	expiration date of said policy
is 12/31/2021 (da:	(date) te)  ess and the company shall not be	e liable for amo	unts in excess of
is 12/31/2021 (da: This insurance is excess_	te)  cess and the company shall not be company shall not be company shall not be	e liable for amou	unts in excess of ring limit of
(da	te)  cess and the company shall not be company shall not be company shall not be	e liable for amous s of the underly ve of legal defer on	unts in excess of ring limit of nse costs. The coverage is provided The effective date of
is 12/31/2021 (da: This insurance is excess under policy number_	te)  ess and the company shall not be for each accident in exces for each accident, exclusive, issued	e liable for amous of the underly ve of legal deferon(date)	unts in excess of ring limit of nse costs. The coverage is provided The effective date of
this insurance is exce	te)  ess and the company shall not be for each accident in exces for each accident, exclusive	e liable for amous of the underly ve of legal deferon(date)	unts in excess of ring limit of nse costs. The coverage is provided The effective date of

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Tallahassee, Florida 32399-2400

(F)

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.

Jan Sul
(Signature of Authorized Representative of Insurer)
John Harrold
(Typed name)
Resident Insurance Agent (Title)
Authorized Representative of
Zurich American Insurance Company (Name of Insurer)

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309 (Address of Representative)

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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

RECEIVED assistance Deallar and a 1870 yironmental For Protection

JAN 0 4 2021

## STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCEAssistance Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Permitting & Compliance

Steadfast Insura	nce Company (Name of Insurer)	
(the "Insurer"), of	1299 Zurich Way, Schaumburg, IL 60	196-1056
(	(Address of Insurer)	
	has issued liability insurance covering bodily ition for sudden accidental occurrences to	njury and property damage including
Everglades V	Waste Removal Services, LLC (Name of Insured)	
(the "Insured"), of	851 Eller Drive, Ft. Lauderdale, FL 33 (Physical Address of Insured)	316
	insured's obligation to demonstrate financial relations (Rule 62-710.600(2) and 62-730.170. The coverage of th	
EPA/DEP I.D. No.	Name	Physical Address
FLR000229468 Eve	erglades Waste Removal Services, LLC	851 Eller Drive, Ft. Lauderdale 33316
2		
(If coverage is for mu	Itiple facilities, identify each facility insured.)	
-	Itiple facilities, identify each facility insured.)	ounts in excess of
This insurance is prim \$ 2,000,000	nary and the company shall not be liable for am for each accident, exclusive of legal defense	e costs. The coverage is provided
This insurance is prim \$ 2,000,000	nary and the company shall not be liable for am	e costs. The coverage is provided 0
This insurance is prim \$ 2,000,000	and the company shall not be liable for am for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date) said policy is 12/31/2020 and the	e costs. The coverage is provided 0
This insurance is <u>prim</u> \$\( \frac{2,000,000}{0} \) under policy number \( \frac{1}{2} \)	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)	e costs. The coverage is provided 0.0
This insurance is prim \$_2,000,000 under policy number of the effective date of s	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)	e costs. The coverage is provided 0.0
This insurance is prim  \$\( \frac{2,000,000}{2,000,000} \)  under policy number \( \frac{1}{2} \)  The effective date of s  is \( \frac{12/31/2021}{(\data)} \)	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)  said policy is 12/31/2020 and the date)  test and the company shall not be liable for amo	e costs. The coverage is provided  O  e expiration date of said policy  unts in excess of
This insurance is prim  \$\( \frac{2,000,000}{2,000,000} \)  under policy number \( \frac{1}{2} \)  The effective date of \( \frac{1}{2} \)  (dat  This insurance is \( \frac{1}{2} \)  \$\( \frac{1}{2} \)	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)  said policy is 12/31/2020 and the (date)  ess and the company shall not be liable for amo for each accident in excess of the underly	e costs. The coverage is provided (0).  e expiration date of said policy cunts in excess of ying limit of
This insurance is prim  \$\( \frac{2,000,000}{2,000,000} \)  under policy number \( \frac{1}{2} \)  The effective date of \( \frac{1}{2} \)  is \( \frac{12/31/2021}{2,000} \)  (dat  This insurance is \( \frac{1}{2} \)  \$\( \frac{1}{2} \)	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)  said policy is 12/31/2020 and the date)  ess and the company shall not be liable for amo for each accident in excess of the underly for each accident, exclusive of legal defe	e costs. The coverage is provided (0).  e expiration date of said policy contains in excess of the coverage is provided (not coverage).
This insurance is prim  \$\_2,000,000\$  under policy number  The effective date of s  is \12/31/2021  (dat  This insurance is exces  \$\	for each accident, exclusive of legal defense GPL 0274654-03, issued on 12/31/202 (date)  said policy is 12/31/2020 and the (date)  ess and the company shall not be liable for amo for each accident in excess of the underly	e costs. The coverage is provided  complete.  e expiration date of said policy  unts in excess of ring limit of nse costs. The coverage is provided  The effective date of

(date)

(date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707

2600 Blair Stone Road, Mail Station 4560 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.
- (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.

Must Dw I	
(Signature of Authorized Representative of Insurer)	
John Harrold	
(Typed name)	
Resident Insurance Agent (Title)	
Authorized Representative of	
Steadfast Insurance Company (Name of Insurer)	

500 W. Cypress Creek Rd., Ste. 320, Ft. Lauderdale, FL 33309 (Address of Representative)