Tallahassee, Florida 32399-2400

XL Specialty Insurance Company

For assistance call: 850-245-8707

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

	(Name of Insurer)	
(the "Insurer"), of	Seaview House, 70 Seaview Avenue	e, Stamford CT 06902-6040
(the insurer), or	(Address of Insurer)	
	as issued liability insurance covering bodily in for sudden accidental occurrences to	injury and property damage includ
Hagan Holding	g Company dba Howco E	nvironmental Servic
	(Name of Insured)	
(the "Insured"), of 370)1 Central Avenue, Saint Pet	tersburg, FL 3371383
·	(Physical Address of Insured)	
	isured's obligation to demonstrate financial r le 62-710.600(2) and 62-730.170. The cove	
EPA/DEP I.D. No. FLD101828689	Name Howco Environmental Services	<u>Physical Address</u> 24133 State Road 40 Astor, FL 32102
FL0001000611	Howco Environmental Services	2650A Edison Ave. Fort Meyers, FL 33916
FLD152764767	Howco Environmental Services	843 43rd Street South Saint Petersburg FL 33916
(If coverage is for multip	ble facilities, identify each facility insured.)	
This insurance is primar \$1,000,000 under policy number A	y and the company shall not be liable for am for each accident, exclusive of legal defense EC005695300, issued on(date)	020
The effective date of said	• •	e expiration date of said policy
is 06/28/2021 (date)	(date)	
This insurance is excess \$ 2,000,000.00 \$ 1,000,000.00 under policy number_U	(date)	ying limit of the coverage is provided by 2021. The effective date
said policy is	8/2020 and the expiration date of said	
(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:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) 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.

Digitally signed by: Joe Catanese Joseph S Caterine DN: CN = Joe Catanese email = joseph.catanese@axaxl.com C = US O = Envl OU = AXAXL Date: 2021.02.08 11:28:53 -05'00' (Signature of Authorized Representative of Insurer) Joseph S. Catanese (Typed name) Vice President (Title) Authorized Representative of XL Specialty Insurance Company

(Name of Insurer)

Seaview House, 70 Seaview Avenue, Stamford CT 06902-6040

(Address of Representative)