Mail original completed form to:

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

For assistan oppolition Desarrollient of Environmental Protection

APR 0 5 2021

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

Permitting & Compliance Assistance Program

Atlantic Specialty Insurance Company 1. (Name of Insurer) (the "Insurer"), of 605 Highway 169 North Ste 800 Plymouth, MN 55441 (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 ECO Services DBR Inc (Name of Insured) (the "Insured"), of 1901 NW 22nd St Pompano Beach, FL 33069-1315 (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: EPA/DEP I.D. No. Name Physical Address 1901 NW 22nd St FLR000229435 ECO Services DBR Inc Pompano Beach, FL 33069-1315 (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 for each accident, exclusive of legal defense costs. The coverage is provided ander policy number 793-00-89-14-0002 issued on 02/04/2021 The effective date of said policy is 02/04/2021 and the expiration date of said policy (date) is 02/04/2022 (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 issued on . The effective date of under policy number (date) and the expiration date of said policy is said policy is

(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.

(Signature of Authorized Representative of Insurer)
(Typed name)
Commercial Lines Account Executive (Title)
Authorized Representative of
Atlantic Specialty Insurance Company
(Name of Insurer)
8751 W. Broward Blud Ste 409 Plantation, FL 33324
(Address of Representative)

MMALONEWELLS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2021

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	CONTACT Melonie Malone-Wells					
World Insurance Associates, LLC 656 Shrewsbury Ave	PHONE (A/C, No, Ext): (407) 657-3777 670 FAX (A/C, No): (954)	721-8180				
Suite 200 Tinton Falls, NJ 07701	E-MAIL ADDRESS: meloniemalonewells@worldinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Homeland Insurance Company of Delaware	14231				
INSURED Eco Services DBR Inc	INSURER B : Atlantic Specialty Insurance Company	27154				
	INSURER C : National Liability & Fire Insurance Company	20052				
1901 NW 22nd St	INSURER D :					
Pompano Beach, FL 33069	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER:

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.

NSR		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY			THIM! DO!!!!!	(MINI/COTTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		793-00-89-13-0002	2/4/2021	2/4/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY		793-00-89-14-0002	2/4/2021	2/4/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	79:				BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						PIP	\$	10,000
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		A9WC153625	11/9/2020	11/9/2021	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$	100,000
		1177				E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	A Professionall Liab		793-00-89-13-0002	2/4/2021	2/4/2022	Aggregate		1,000,000
Α	Pollution Liab		793-00-89-13-0002	2/4/2021	2/4/2022	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EPA/DEP ID # FLR000229435;

CERTIFICATE HOLDER

CANCELLATION

Department of Enviromental Protection 2600 Blair Stone Road Mail Station 4560 Tallahassee, FL 32399-2400 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