Mail original completed form to:

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

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JUL 23 2021

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURAN EManagement & Permitting HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Hazardous Waste

	(Name of Insurer)			
(the "Insurer"), of	26255 American Drive, Southfield, MI 48034-6112			
	(Address of Insurer)			
	has issued liability insurance co		perty damage includ	
Tank Wizards Inc.				
	(Name of Insured)			
(the "Insured"), of	7619 Coral Driv	7619 Coral Drive West Melbourne, FL 32904		
	(Physical Address of Insure	ed)		
	insured's obligation to demonst. ule 62-710.600(2) and 62-730.			
EPA/DEP I.D. No.	Name	Physical A	Address	
FI R000210542 Tar	nk Wizards Inc. 7619 Cor	al Dr West Melhourne	FI 32904	

(If coverage is for mult	ciple facilities, identify each fac	ility insured.)		
This insurance is prima \$ 1,000,000	ary and the company shall not b for each accident, exclusive of	e liable for amounts in excess of legal defense costs. The co		
This insurance is prima	ary and the company shall not b	e liable for amounts in exces		
This insurance is prima \$ 1,000,000	for each accident, exclusive of CA0953699 issued on aid policy is 7/2/2021	e liable for amounts in excess of legal defense costs. The control of 1/2/2021	coverage is provided	
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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.

(Senature of Authorized Representative of Insurer)
(Senature of Authorized Representative of history)
Lori Nichols
(Typed name)
Producer / Agent
(Title)
Authorized Representative of
Star Insurance Company/Century Surety Company
(Name of Insurer)
3905 W Eau Gallie Blvd., STE 104, Melbourne, FL 32934
(Address of Representative)