Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

SEP 2 0 2021

DIVISION OF WASTE MANAGEMENT

1.

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

Progressive Expres	s Insurance Company		
	(Name of Insurer)		
(the "Insurer"), of	PO Box 947	39, Cleveland, OH 44101	
	(Address of Insurer)		
hereby certifies that it has environmental restoration	s issued liability insurance cov n for sudden accidental occurre	ering bodily injury and property darences to	nage includi
Speedy Oil Envirom	ental LLC		
	(Name of Insured)		
(the "Insured"), of	5680 Pangola F	Road, Fort Myers, FL 33905	
	(Physical Address of Insured		
in connection with the ins Administrative Code Rule	tured's obligation to demonstrate 62-710.600(2) and 62-730.1	te financial responsibility under Flo 70. The coverage applies at:	rida
EPA/DEP I.D. No.	<u>Name</u>	Physical Address	
FLR000226332 Spee	edv Oil Enviromental I I C	5 5680 Pangola Road, Fort M	vore El
If coverage is for multiple	e facilities, identify each facili	ty insured.)	
$\mathfrak{f}_{1,000,000}$	and the company shall not be for each accident, exclusive of 01069102-2, issued on	iable for amounts in excess of legal defense costs. The coverage is 09/01/2021	s provided
-		(date)	
The effective date of said 1	policy is_09/01/2021	and the expiration date of said	policy
s 09/01/2022	(date)	-	
(date)			
This insurance is <u>excess</u> ar	nd the company shall not be lia _for each accident in excess o _for each accident, exclusive of , issued on	f the underlying limit of of legal defense costs. The coverage The effective field in the coverage fie	e is provided
aid policy is	and the expiration	(date) date of said policy is	
(date)	1	(date)	

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.

Susan Ecchonst
(Signature of Authorized Representative of Insurer)
Susan Eichorst
(Typed name)
CSR
(Title)
Authorized Representative of
Progressive Express Insurance Company
(Name of Insurer)
2213 S Ferdon Blvd, Crestview, FL 32536
(Address of Representative)