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

For assistance call: 850-245-8707

RECEIVED

OCT 21 2021

DIVISION OF
WASTE MANAGEMENT

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

1. Insurance Office of America for Century Surety Company

(Name of Insurer)

(the "Insurer"), of 550 Polaris Parkway, Suite 300. Westerville, Ohio 43082

(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

Coastal Oil Recovery LLC

(Name of Insured)

(the "Insured"), of 1322 E University Blvd. Melbourne, FL 32901

(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.NamePhysical AddressFLR000231506-Coastal Oil Recovery LLC-1322 E University Blvd. Melbourne, FL 32901

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CCP1017769, issued on 10/15/2021,
(date)

The effective date of said policy is 10/15/2021 and the expiration date of said policy is 10/15/2022,
(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 under policy number _____, issued on _____, The effective date of said policy is _____ and the expiration date of said policy is _____,
(date) (date)

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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.

DocuSigned by:
Maria DeRosa 10/15/2021 | 12:56 PM EDT
(Signature of Authorized Representative of Insurer)

Maria DeRosa
(Typed name)

Account Manager / Agent
(Title)

Authorized Representative of

Insurance Office of America for Century Surety Company
(Name of Insurer)

1855 W. State Road 434 Longwood, FL 32750

(Address of Representative)

Direct: 407-998-5521
Fax: 407-788-7933
1855 W State Road 434
Longwood, FL 32750
www.ioausa.com

**** Certificate requests may be emailed to Certdesk@ioausa.com, or faxed to @ 407.788.7933.**

From: Coastal Oil Recovery, LLC <coastaloilrecovery@gmail.com>
Sent: Friday, October 15, 2021 12:45 PM
To: Maria DeRosa (LNG) <Maria.DeRosa@ioausa.com>
Subject: Re: Coastal Oil - Certificate Form

Oh also, if they see that it is not a DocuSign form, they will require it as an original wet signature. They won't accept a PDF. If you need me to pay postage or anything please let me know.

On Fri, Oct 15, 2021, 12:40 PM Coastal Oil Recovery, LLC <coastaloilrecovery@gmail.com> wrote:

Lol! That's OK! 😊

I think we need two separate DEP forms filled out because they are two separate policies. That was a major problem last year because my other agent did not want to send two forms. The state wants to see auto and pollution.

Thank you so much for your help!! ☐

On Fri, Oct 15, 2021, 12:27 PM Maria DeRosa (LNG) <Maria.DeRosa@ioausa.com> wrote:

Hi Chasity,

I know I said that the last email was the last one.... But no. LOL.

There is a form that has to be completed for the State of FL. While completing the form, it came to my attention that the last agent did not complete it properly. The form asks for your Pollution coverage but the agent listed your Auto Policy coverage on the form, instead.

.... I guess since he listed the wrong policy on the form, it's a bit irrelevant that he also got the policy number wrong (insert rolling eyes emoji here).

I just wanted to bring this to your attention in case there is any questions as to why my form looks different from last year's form.

Let us know if you need anything else. Have a great day!

Regards,

Maria DeRosa, CIC, CISR Elite

Account Manager

Insurance Office of America

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Fax: 407-788-7933

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Longwood, Fl. 32750

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Certificate Of Completion

Envelope Id: B353B9B846FF4CB2BECF0119B3E3BE3A

Status: Completed

Subject: Please DocuSign: 21-22 - State of FL form.pdf

Source Envelope:

Document Pages: 2

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Maria DeRosa

AutoNav: Enabled

1855 W State Road #434

Envelope Stamping: Enabled

Longwood, FL 32750

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Maria.DeRosa@ioausa.com

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10/15/2021 12:55:47 PM

Maria.DeRosa@ioausa.com

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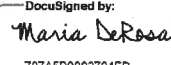
Maria DeRosa

maria.derosa@ioausa.com

AGent

Insurance Office of America

Security Level: Email, Account Authentication
(None)**Signature**

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Using IP Address: 97.104.175.249**Timestamp**

Sent: 10/15/2021 12:56:09 PM

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