

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

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

1. Navigators Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of One Penn Plaza, New York, NY 10119

(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

Universal Environmental Services, LLC

(Name of Insured)

(the "Insured"), of 411 Dividend Drive, Peachtree City, GA 30269

(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>Balk</u> GAR000020131	Universal Environmental Services, LLC	411 Dividend Dr. Peachtree City GA 30269
<u>UO</u> FLR000012906	Universal Environmental Services, LLC	456 Cypress Rd. Ocala FL 34472
<u>UO</u> FLR000220319	Universal Environmental Services, LLC	5910 Highway Ave. Jacksonville FL 32254
<u>UO</u> FLR000225029	Universal Environmental Services, LLC	6940-B Mission Lane, Ft. Meyers FL 33916
<u>UO</u> FLR000225367	Universal Environmental Services, LLC	3125B S Andrews Ave. Fort Lauderdale FL 33316
<u>UO</u> FLR000050369	Universal Environmental Services, LLC	509 S French Ave. Sanford FL 32771

(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 GA22NP30A9DOBIC, issued on 1/1/2022.
(date)

The effective date of said policy is 1/1/2022 and the expiration date of said policy is 1/1/2023.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A for each accident in excess of the underlying limit of \$ N/A for each accident, exclusive of legal defense costs. The coverage is provided under policy number N/A, issued on N/A. The effective date of said policy is N/A and the expiration date of said policy is N/A.
(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.

Virgil Tam Virgil Tam
(Signature of Authorized Representative of Insurer)

Virgil Tam Virgil Tam
(Typed name)

Senior Managing Director
(Title)

Authorized Representative of

Navigators Specialty Insurance Company
(Name of Insurer)

1450 American Lane, Suite 1900 Schaumburg IL 60173
(Address of Representative)