For assistance call: 850-245-8707

Tallahassee, Florida 32399-2400

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

MAR 16 am 10:78

|   | (Name of Insurer)  |  |
|---|--|--|
| (the "Insurer"), of   | 133 Oakland Aven   | ue, Greensburg, PA 15601   |
|   | (Address of Insurer)   |  |
| hereby certifies that it has environmental restoration  | as issued liability insurance coveri<br>on for sudden accidental occurrenc   | ng bodily injury and property damage includes to   |
| Emaxx Miami, LLC  |  |  |
|   | (Name of Insured)  |  |
| (the "Insured"), of   | 7400 NW 77th Te  | errace, Medly, FL 33166  |
|   | (Physical Address of Insured)  | •  |
| in connection with the in<br>Administrative Code Rul  | sured's obligation to demonstrate le 62-710.600(2) and 62-730.170.   | financial responsibility under Florida<br>The coverage applies at:   |
| EPA/DEP I.D. No.  | <u>Name</u>  | Physical Address   |
| FLR000227546 Ema  | xx Miami LLC 7496 NW 69tl  | h Ave Medely FI: 33166   |
|   |  |  |
| (Tf a a v v v v v v v v v v v v v v v v v   | le facilities, identify each facility i  |  |
| (11 coverage is for multip  | ,  | nsured)  |
|   | 1.4  | ,  |
| This insurance is primary   | and the company shall not be liab  | ple for amounts in excess of   |
| This insurance is <u>primary</u><br>\$ 2,000,000  | and the company shall not be liab<br>for each accident, exclusive of leg<br>MWTB312370 , issued on   | ,  |
| This insurance is <u>primary</u><br>§ 2,000,000   | for each accident, exclusive of leg  | ole for amounts in excess of al defense costs. The coverage is provided  |
| This insurance is <u>primary</u><br>§ 2,000,000   | for each accident, exclusive of leg  | ole for amounts in excess of al defense costs. The coverage is provided 3/1/2022 (date)  |
| This insurance is <u>primary</u> \$_2,000,000 under policy number^  The effective date of said                                    | for each accident, exclusive of leg  | ple for amounts in excess of al defense costs. The coverage is provided 3/1/2022   |
| This insurance is <u>primary</u> 2,000,000<br>under policy number   | for each accident, exclusive of leg MWTB312370 , issued on policy is 3/1/2022  | ole for amounts in excess of al defense costs. The coverage is provided 3/1/2022 (date)  |
| This insurance is primary 2,000,000 under policy number  The effective date of said s(date)                                       | for each accident, exclusive of leg MWTB312370 , issued on  policy is 3/1/2022  (date)   | ole for amounts in excess of all defense costs. The coverage is provided 3/1/2022 (date)  and the expiration date of said policy   |
| This insurance is primary 2,000,000 under policy number  The effective date of said s 3/1/2023 (date)  This insurance is excess a | for each accident, exclusive of leg MWTB312370 , issued on  policy is 3/1/2022  (date)  and the company shall not be liable  | ole for amounts in excess of all defense costs. The coverage is provided 3/1/2022 (date)  and the expiration date of said policy erfor amounts in excess of  |
| This insurance is primary 2,000,000 under policy number  The effective date of said s(date)                                       | for each accident, exclusive of leg  MWTB312370 , issued on  policy is3/1/2022   | ole for amounts in excess of sal defense costs. The coverage is provided 3/1/2022 (date)  and the expiration date of said policy  er for amounts in excess of the underlying limit of  |
| This insurance is primary 2,000,000 under policy number  The effective date of said s 3/1/2023 (date)  This insurance is excess a | for each accident, exclusive of leg  MWTB312370 , issued on  policy is3/1/2022   | ole for amounts in excess of all defense costs. The coverage is provided 3/1/2022 (date)  and the expiration date of said policy  e for amounts in excess of the underlying limit of the egal defense costs. The coverage is provided to the effective date of the effective date of the effective date of the end of the effective date of the effective date of the end of the effective date of the effec |
| This insurance is primary 2,000,000 under policy number  The effective date of said s 3/1/2023 (date)  This insurance is excess a | for each accident, exclusive of leg  MWTB312370 , issued on  policy is 3/1/2022  (date)  and the company shall not be liable for each accident in excess of th for each accident, exclusive of l | ole for amounts in excess of all defense costs. The coverage is provided 3/1/2022 (date)  and the expiration date of said policy  e for amounts in excess of the underlying limit of the egal defense costs. The coverage is provided to the effective date of the effec |

Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

For assistance call: 850-245-8707

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.

| Harring In NOW.                                     |
|---|
| (Signature of Authorized Representative of Insurer) |
|   |
| Anthony Biagiotti                                   |
| (Typed name)  |
|   |
| Authorized Representative                           |
| (Title)   |
| Authorized Representative of                        |
| Old Republic Insurance Company                      |
| (Name of Insurer)                                   |
| 285 Delaware Avenue, Suite 4000 Buffalo, NY 14202   |
| (Address of Representative)                         |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/24/2022

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 M & T Insurance Agency, Inc.   |                                | CONTACT Commercial Lines Department                  |           |               |  |
|---|--------------------------------|--|-----------|---------------|--|
| 285 Delaware Avenue, Ste 4000<br>Buffalo NY 14202   | 00                             | PHONE (A/C, No, Ext): 716-853-7960 FAX (A/C, No): (4 |           | (855)595-4605 |  |
|   |                                | E-MAIL ADDRESS: CLServicing@mtb.com                  |           |               |  |
| 1   |                                | INSURER(S) AFFORDING COV                             | ERAGE     | NAIC#         |  |
| NAME OF THE OWNER OWNER OF THE OWNER |                                | INSURER A : Old Republic Ins Co                      |           | 24147         |  |
| Emaxx Miami, LLC<br>7400 NW 77th Ave<br>Medley, FL 33166  | SUPER-2                        | INSURER B: Great American Ins Co                     |           | 16691         |  |
|   |                                | INSURER c : Berkley Insurance Company                |           | 32603         |  |
|   |                                | INSURER D :  |           |               |  |
|   |                                | INSURER E :  |           |               |  |
|   |                                | INSURER F:   |           |               |  |
| COVERAGES   | CERTIFICATE NUMBER: 1647741300 | DEVICE   | M MUMPED. |               |  |

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<br>TR                       | TYPE OF INSURANCE  | ADDL SUBR |                 | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | Limit   | rs                           |
|---------------------------------|--|-----------|-----------------|----------------------------|----------------------------|---|------------------------------|
| A                               | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR              |           | MWZY312371      | 3/1/2022                   | 3/1/2023                   | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000<br>\$ 500,000   |
| l                               | X Contractual Liab   |           |                 |                            |                            | MED EXP (Any one person)                                  | \$ 10,000                    |
|                                 |  |           |                 |                            |                            | PERSONAL & ADV INJURY                                     | \$ 1,000,000                 |
| 1                               | GEN'L AGGREGATE LIMIT APPLIES PER:                               |           |                 |                            |                            | GENERAL AGGREGATE   | \$2,000,000                  |
| -                               | POLICY PRO- X LOC  |           |                 |                            |                            | PRODUCTS - COMP/OP AGG                                    | \$ 2,000,000                 |
|                                 | OTHER:   |           |                 |                            |                            |   | \$                           |
| `                               | AUTOMOBILE LIABILITY   |           | MWTB312370      | 3/1/2022                   | 3/1/2023                   | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$ 2,000,000                 |
|                                 | X ANY AUTO OWNED SCHEDULED                                       |           |                 |                            |                            | BODILY INJURY (Per person)                                | \$                           |
|                                 | AUTOS ONLY AUTOS   |           |                 |                            |                            | BODILY INJURY (Per accident)                              | \$                           |
| HIRED AUTOS ONLY AUTOS ONLY     |  |           |                 |                            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$                           |
| 4                               |  |           |                 |                            |                            |   | \$                           |
|                                 | X UMBRELLA LIAB X OCCUR  |           | TUU024586810    | 3/1/2022                   | 3/1/2023                   | EACH OCCURRENCE   | \$ 10,000,000                |
| ŀ                               | EXCESS LIAB CLAIMS-MADE  |           |                 |                            |                            | AGGREGATE   | \$10,000,000                 |
| 4                               | DED X RETENTIONS 10,000  |           |                 |                            |                            | Product/Comp Ops Agg                                      | \$ 10,000,000                |
| 1                               | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N                |           | MWC312372       | 3/1/2022                   | 3/1/2023                   | X PER OTH-<br>STATUTE ER                                  | see Remarks                  |
| (                               | ANYPROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?       | N/A       |                 |                            |                            | E.L. EACH ACCIDENT  | \$ 1,000,000                 |
| - jî                            | (Mandatory in NH)  If yes, describe under                        |           |                 |                            | E.L. DISEASE - ÉA EMPLOYEE | \$ 1,000,000  |                              |
| DESCRIPTION OF OPERATIONS below |  |           |                 |                            |                            | E.L. DISEASE - POLICY LIMIT                               | \$ 1,000,000                 |
|                                 | Pollution Liability Site & Transported Cargo Off Site Operations |           | FE-EIL-27913-00 | 10/4/2020                  | 10/4/2023                  | Incident/ Agg<br>Retention                                | 5,000,000 <b>,</b><br>25,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation covered States: AL CO CT FL GA IA IL IN KY MA MD MI MN NC NJ NY PA TN VA

Umbrella is not over Pollution Policy

#WC 00 03 13: Workers Compensation – Wavier of Subrogation (Blanket)
#CG 20 10 04 13: General Liability - Liability - Additional Insured - Owners, Lessees & Contractors- Premises/Ongoing operations (Blanket)
#CG 20 37 04 13: General Liability - Additional Insured - Owners, Lessees & Contractors- Completed Operations (Blanket)
#CG 20 15: General Liability – Additional insured – Vendors (Blanket)

See Attached...

| CERTIFICA. | ΓE HOLDER |
|------------|-----------|
|------------|-----------|

CANCELLATION

Florida Dept of Environmental Protection FDEP Dept Waste Management Division-HWRS, MS4560 2500 Blair Stone Road 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

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**AGENCY CUSTOMER ID: SUPER-2** 

LOC#:



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

| M & T Insurance Agency, Inc. |           | NAMED INSURED Emaxx Miami, LLC 7400 NW 77th Ave |
|------------------------------|-----------|---|
| POLICY NUMBER                |           | Medley, FL 33166                                |
| CARRIER                      | NAIC CODE |   |
| ABBUTIONAL                   |           | EFFECTIVE DATE:                                 |

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER: 25

#CG 20 28: General Liability – Additional Insured – Lessor of Leased Equipment (Blanket)
#CG 24 04 05 09: General Liability - Waiver of Transfer of Rights of Recovery (Waiver of subrogation) (Blanket)
#CG 20 01 04 13: General Liability - Additional Insureds - Primary and Noncontributory (Blanket)
#CA 20 01: Auto - Lessor Additional Insured & Loss Payee (Blanket)
#CA 20 48 10 13: Auto - Additional Insured - All persons or organizations (Blanket)
#CA 04 49 11 16: Auto – Primary & Non-Contributory Condition (Blanket)
#CA 04 44 10 13: Auto - Waiver of Transfer of Rights of Recovery Against Others to Us (Blanket)
#GAI 6113: Umbrella General Liability/Contractual Liability - Following Form
#GAI 6002: Umbrella Employers Liability - Following Form

DEP ID No: FLR000227546 Loc: 7496 NW 69th Avenue Medley FL 33166 DEP ID No: FLR000223313 Loc: 7400 NW 77th Terrace Medley FL 33166

2001 Peterbilt VIN: 2NPNLZ9XX1M569033 2005 Peterbilt VIN: 2NPNDH7X15M844477

| USDOT Number: | Date Received: |
|---------------|----------------|
|               |                |

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

# FORM MCS-90

|                           | Emaxx Miami LLC                  |                                 |                                    |                        | of             | Florida   |
|---------------------------|----------------------------------|---------------------------------|------------------------------------|------------------------|----------------|---|
| Dated at                  | (Motor Carrier name)<br>11:26 AM | on this 8th                     | day of                             | March                  |                | (Motor Carrier state) , 2022  |
| Amending                  | Policy Number:                   | MWTB 312370 22                  |                                    | Effective Date:        | 03/01/22       |   |
| Name of Ins               | surance Company:                 | Old Republic Insurar            | nce Compa                          | ny                     |                |   |
|                           |                                  | Countersigned by:               |                                    | Koty Vil               | linbergen      |   |
|                           |                                  |                                 | (authorized                        | l company representati |                |   |
|                           | urance is excess and the co      | mpany shall not be liable for a | amounts in exce<br>for each accide | -                      |                | for each accident in excess of the  |
|                           |                                  |                                 |                                    |                        |                |   |
| FMCSA a d<br>authorized i | duplicate of said pol            | icy and all its endorse         | ements. The                        | company also a         | arees, upon te | y agrees to furnish the<br>elephone request by an<br>The telephone number |

rilings must be transmitted online via the internet at http://www.fmcsa.dot.gov/ui

(continued on next page) Rev 6/3/2021

#### **DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water; of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

### SCHEDULE OF LIMITS — PUBLIC LIABILITY

| Type of carriage   | Commodity transported   | January 1, 1985 |  |
|--|---|-----------------|--|
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).   | Property (nonhazardous)   | \$750,000       |  |
| (2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).  | Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hoppertype vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403. | \$5,000,000     |  |
| (3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds). | Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.   | \$1,000,000     |  |
| (4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).   | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.   | \$5,000,000     |  |

<sup>\*</sup>The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.