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

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

ACE PROPERTY	' & CASUALTY INSURANCE	E COMPANY
	(Name of Insurer)	
(the "Insurer"), of	436 WALNUT ST	PHILADELPHIA, PA 19106
	(Address of Insurer)	
hereby certifies that it is environmental restoration	has issued liability insurance cover- ion for sudden accidental occurrence	ing bodily injury and property damage including to
ENVIRONMENTA	L SERVICES AND LOGIST	ICS INC
	(Name of Insured)	
(the "Insured"), of	709 NW BRISTOL ST	PORT ST LUCIE, FL 34983
	(Physical Address of Insured)	
in connection with the Administrative Code R	insured's obligation to demonstrate ule 62-710.600(2) and 62-730.170	financial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FLR000193854	ENVIRONMENTAL SE	RVICES AND LOGISTICS INC
(If coverage is for multi	iple facilities, identify each facility	insured.)
	ry and the company shall not be lia	•
\$ 1,000,000	for each accident, exclusive of lea	gal defense costs. The coverage is provided
under policy number	CAL H0846652A , issued on	8/7/21
		(date)
The effective date of sa		and the expiration date of said policy
is 8/7/22	(date)	£
(date)		
This insurance is excess	and the company shall not be liable	o for amounts in any of
\$\$	for each accident in excess of t	he underlying limit of
\$		legal defense costs. The coverage is provided
under policy number	, issued on	The effective date of
		(4-4-)
said policy is	المستعدد والمستعدد المستعدد ال	(date)
aid policy is(date)	and the expiration d	` '

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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.

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.

(Signature of Authorized Representative of Insurer)

ROSS TRUDEAU
(Typed name)

PRESIDENT
(Title)

Authorized Representative of

ACE PROPERTY & CASUALTY INSURANCE COMPANY
(Name of Insurer)

1012 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023

(Address of Representative)

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Tallahassee, Florida 32399-2400

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

MAR 25 AN 10:41

WESTCHESTER	SURPLUS LINES INSURA	NCE COMPANY
•	(Name of Insurer)	
(the "Insurer"), of	436 WALNUT ST	PHILADELPHIA, PA 19106
, , , , , , , , , , , , , , , , , , , ,	(Address of Insurer)	
	nas issued liability insurance cover on for sudden accidental occurren	ing bodily injury and property damage includ
ENVIRONMENTA	L SERVICES AND LOGIST	TICS INC
	(Name of Insured)	
(the "Insured"), of	709 NW BRISTOL ST (Physical Address of Insured)	PORT ST LUCIE, FL 34983
	insured's obligation to demonstrate ule 62-710.600(2) and 62-730.170	financial responsibility under Florida . The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR000193854	ENVIRONMENTAL SE	RVICES AND LOGISTICS INC
LIX000193034		PORT ST LUCIE, FL 34983
•		
(If coverage is for mult: This insurance is prima \$ 1,000,000	709 NW BRISTOL ST	insured.) able for amounts in excess of egal defense costs. The coverage is provided
(If coverage is for mult: This insurance is prima \$ 1,000,000	709 NW BRISTOL ST	insured.) able for amounts in excess of egal defense costs. The coverage is provided
(If coverage is for mult: This insurance is prima \$ 1,000,000	709 NW BRISTOL ST iple facilities, identify each facility and the company shall not be lifted for each accident, exclusive of 6 G4680028A-005, issued on	insured.) able for amounts in excess of egal defense costs. The coverage is provided 6/7/21
(If coverage is for multi This insurance is <u>prima</u> § 1,000,000 under policy number The effective date of sa is 8/7/22	709 NW BRISTOL ST iple facilities, identify each facility ry and the company shall not be lia for each accident, exclusive of le G4680028A-005, issued on id policy is 8/7/21 (date)	insured.) able for amounts in excess of egal defense costs. The coverage is provided 6/7/21 (date)
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Thereby 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.

(Signature of Authorized Representative of Insurer)

ROSS TRUDEAU (Typed name)

PRESIDENT

(Title)

Authorized Representative of

WESTCHESTER SURPLUS LINES INSURANCE COMPANY

(Name of Insurer)

1012 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023

(Address of Representative)