

SEP 29 AM 10:36

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

1. Zurich American Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196
(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

IntraCoastal Environmental, LLC
(Name of Insured)

(the "Insured"), of 1575 Main St, #5, Atlantic Beach, FL 32233
(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 to:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>FLD984216655</u>	<u>IntraCoastal Environmental, LLC</u>	<u>1575 Main St, #5,</u>
		<u>Atlantic Beach, FL 32233</u>

(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 BAP 8713644-00, issued on 8/11/2022
(date)

The effective date of said policy is 8/11/2022 and the expiration date of said policy
(date)
is 8/11/2023.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ 10,000,000.00 for each accident in excess of the underlying limit of
\$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number SXS 8598576-00, issued on 8/11/2022. The effective date of
(date)
said policy is 8/11/2022 and the expiration date of said policy is 8/11/2023.
(date) (date)

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

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.

Mike Roman

(Signature of Authorized Representative of Insurer)

Mike Roman

(Typed name)

Vice President

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

1299 Zurich Way
Schaumburg, IL 60196

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

SEP 23 AM 10:37

DATE (MM/DD/YYYY)

09/20/2022

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 Valent Group, LLC 3500 Blue Lake Drive, Ste. 120 Birmingham AL 35243	CONTACT NAME: Brandi Woodruff PHONE (A/C, No, Ext): (205) 262-2700 FAX (A/C, No): (205) 262-2701 E-MAIL ADDRESS: bwoodruff@valentgroup.com														
INSURED Ambipar Response IntraCoastal, LLC and/or IntraCoastal Environmental, LLC 1575 Main St #5 Atlantic Beach FL 32233	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Steadfast Insurance Company</td><td>26387</td></tr><tr><td>INSURER B: Zurich American Ins Co</td><td>16535</td></tr><tr><td>INSURER C: Ascot Insurance Company</td><td>23752</td></tr><tr><td>INSURER D: Safe Harbor Pollution Liability Ins Co</td><td>12563</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Steadfast Insurance Company	26387	INSURER B: Zurich American Ins Co	16535	INSURER C: Ascot Insurance Company	23752	INSURER D: Safe Harbor Pollution Liability Ins Co	12563	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 2022-23 Master/Marine COI**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability (see attached) <input checked="" type="checkbox"/> Pollution Liability (see attached) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GPL 8713651-00	08/11/2022	08/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 8713644-00	08/11/2022	08/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ statutory
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			SXS 8598576-00	08/11/2022	08/11/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC 8713648-00	08/11/2022	08/11/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Marine General Liability			MAPL2210000523-04	08/11/2022	08/11/2023	Each Occurrence \$1,000,000 General Aggregate \$1,000,000 Products / Compl Ops \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**DEP Waste Management Divisions HWRS, MS4560
2600 Blair Stone Road

Tallahassee

FL 32399

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: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Valent Group, LLC		NAMED INSURED Ambipar Response IntraCoastal, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Additional Coverage Information:

General Liability coverage includes the following:

Professional Liability - Claims Made

Each Claim Limit: \$1,000,000

Contractor's Pollution Liability - Occurrence

Each Claim Limit: \$1,000,000

Transportation of Materials by Carrier (Auto, Aircraft, Vessel, Rolling Stock) Endorsement applies as follows:

Transportation Each Incident: \$1,000,000

Transportation Aggregate: \$1,000,000

Auto Liability includes the following endorsements:

MCS 90

CA9948 - Pollution Liability - Broadened Coverages for Covered Autos

Worker's Compensation includes the following:

Longshore & Harbor Workers Compensation Act Coverage

Excess Liability is follow form

Marine General Liability includes Ship Repairer's Liability and Charter's Liability

Insurer C: Ascot Insurance

Coverage Type: Protection & Indemnity

Policy Term: 8/11/2022 - 8/11/2023

Policy Number: MACR2210000525-04

Per Occurrence Limit: \$1,000,000

Insurer C: Ascot Insurance

Coverage Type: Excess Marine Liability

Policy Term: 8/11/2022 - 8/11/2023

Policy Number: MAXS2210000524-04

Per Occurrence Limit: \$2,000,000

Aggregate Limit: \$2,000,000

SIR: \$25,000

Insurer C: Ascot Insurance

Coverage Type: Contractor's Inland Marine

Policy Term: 8/11/2022 - 8/11/2023

Policy Number: IMMA2210000044-04

Scheduled Equipment: \$838,809

Leased / Rented Equipment: \$100,000

Insurer D: Safe Harbor Pollution Insurance

Coverage Type: Non-Owner Vessel Pollution Liability

Policy Term: 8/11/2022 - 8/11/2023

Policy Number: NV-14031-22

Pollution Limit: \$5,000,000

Insurer D: Safe Harbor Pollution Insurance

Coverage Type: Owned Vessel Pollution Liability

Policy Term: 8/11/2022 - 8/11/2023

Policy Number: V-12711-22

Pollution Limit: \$3,000,000