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

1. Evanston Insurance Company  
(Name of Insurer)

(the "Insurer"), of 222 S. Riverside Plaza, Suite 2400, Chicago IL  
(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

Heritage-Crystal Clean, LLC  
(Name of Insured)

(the "Insured"), of 2000 Center Drive Suite East C300, Hoffman Estates IL 60515  
(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>
ILR000130062	Heritage-Crystal Clean	2000 Center Dr. Suite East C300 Hoffman Estates IL 60192
FLR000170431	Heritage-Crystal Clean	9940 Currie Davis Drive A4 Tampa, FL 33619
FLD065680613	Heritage-Crystal Clean	105 S. Alexander St. Plant City FL 33563
FLR000154278	Heritage-Crystal Clean	11643 103rd St. Jacksonville, FL 33210
FLD984262410	Heritage-Crystal Clean	1300 NE 48th St Pompano Bch FL, 33064

(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 \$ 20,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MKLV3ENV1018657, issued on 6/1/2020.  
(date)

The effective date of said policy is 6/1/2020 and the expiration date of said policy is 6/1/2025.  
(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 6/1/2023.  
(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.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

Michael Geasland  
\_\_\_\_\_  
(Typed name)

Underwriting Specialist  
\_\_\_\_\_  
(Title)

Authorized Representative of  
  
Evanston Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

222 S. Riverside Plaza, Suite 2400, Chicago IL 60606  
\_\_\_\_\_  
(Address of Representative)