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

1. Travelers Indemnity Company of Connecticut
(Name of Insurer)

(the "Insurer"), of One Tower Square, Hartford, CT 06183
(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

Ranger Construction Industries, Inc.
(Name of Insured)

(the "Insured"), of 1645 N. Congress Ave., West Palm Beach, FL
(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:

| EPA/DEP I.D. No | Name | Physical Address |
|---|---|---|
| FLD980838773 | Ranger Construction Industries, Inc. | 1200 Elboc Way, Winter Garden FL 34787 |
| FLD984183970 | Ranger Construction Industries, Inc. | 4510 Glades Cutoff Road Ft. Pierce, FL 34961 |
| | Ranger Construction Industries, Inc. | 606 95th Ave. North, Royal Palm, FL 33411 |

(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 CAP-5807B186-23, issued on 4/1/2023 (date).

The effective date of said policy is 4/1/2023 (date) and the expiration date of said policy is 4/1/2024 (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_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).


DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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

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)

William Phelps
(Typed name)

Florida Resident Agent
(Title)

Authorized Representative of

Travelers Indemnity Company of Connecticut
(Name of Insurer)

447 Montreal Ave.
Melbourne, FL 32935
(Address of Representative)


DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13