SAVE PRINT CLEAR

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

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

DIVISION OF WASTE MANA '23 APR 26 AM10:25:35

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

XL Specialty In:			
	(Name of Insurer)		
the "Insurer"), of	505 Eagleview Blvd., Suite 100, Exton, PA 19341		
` ====	(Address of Insurer)		
hereby certifies that it henvironmental restoration	nas issued liability insurance coron for sudden accidental occurr	vering bodily injury and property damage in ences to	ncludin
Noble Oil Service	ces, Inc.		
	(Name of Insured)		
he "Insured"), of	5617 Clyde Rhyne Drive, Sanford, NC 27330		
	(Physical Address of Insure		
in connection with the Administrative Code R	insured's obligation to demonstrule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:	
EPA/DEP I.D. No.	Name	Physical Address	
NCD986172476	Noble Oil Services, Inc.	5617 Clyde Rhyne Drive, Sanford, NC 2	7330
		24 -	2.
			/]
(If coverage is for mult	iple facilities, identify each faci		2.2
` This insurance is <u>prima</u> § 1,000,000	and the company shall not be for each accident, exclusive of	lity insured.) c liable for amounts in excess of f legal defense costs. The coverage is prov	
` This insurance is <u>prima</u> § 1,000,000	ry and the company shall not be	lity insured.) c liable for amounts in excess of f legal defense costs. The coverage is prov	
This insurance is <u>prima</u> § 1,000,000 under policy number _	ary and the company shall not be for each accident, exclusive of AEC001384920, issued on aid policy is 03/31/2023	lity insured.) c liable for amounts in excess of f legal defense costs. The coverage is prov	rided
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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.

Joseph & atamese
(Signature of Authorized Representative of Insurer)
Joseph Catanese
(Typed name)
Head of Environmental, Property and Casualty (Title)
(Tiue)
Authorized Representative of
XL Specialty Insurance Company
(Name of Insurer)
505 Eagleview Blvd., Suite 100, Exton, PA 19341
(Address of Representative)