Mail original completed form to:

1.

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

Tallahassee, Florida 32399-2400

DIVISION OF WASTE MANA

For assistance call: 850-245-8707

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

PROGRESSIVE	MOUNTAIN INSURANCE	COMPANY	
	(Name of Insurer)		
(the "Insurer"), of	6300 WILSON MILLS RD, MAYFIELD VILLAGE, OH 44143		
(**************************************	(Address of Insurer)		
hereby certifies that it l environmental restorati	has issued liability insurance coveri ion for sudden accidental occurrence	ing bodily injury and property damage includi	
USA OIL LLC			
	(Name of Insured)		
(the "Insured"), of 2	10 EGG & BUTTER RD, N	NORTH OCHLOCKNEE, GA 3177	
(110 11101100), 01	(Physical Address of Insured)		
	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	
GAR 000052746		& BUTTER RD, NORTH OCHLOCKI	
/IC	ting facilities identify each facility	ingured)	
`	tiple facilities, identify each facility		
This insurance is <u>prima</u> \$_1,000,000 under policy number	ary and the company shall not be list for each accident, exclusive of let 06470615, issued on	able for amounts in excess of egal defense costs. The coverage is provided 01-04-2023	
ander poney name or _		(date)	
The effective date of sa	aid policy is 01-26-2023	and the expiration date of said policy	
	(date)		
is_01-26-2024	(date) 		
is 01-26-2024 (date	·		
(date	e) s and the company shall not be liab		
(date This insurance is <u>exces</u> \$	s and the company shall not be liab for each accident in excess of	the underlying limit of	
(date This insurance is exces \$ \$	s and the company shall not be liab for each accident in excess of for each accident, exclusive of	the underlying limit of f legal defense costs. The coverage is provide	
(date	s and the company shall not be liab for each accident in excess of	the underlying limit of f legal defense costs. The coverage is provide The effective date of	
(date This insurance is exces \$ \$	s and the company shall not be liab for each accident in excess of for each accident, exclusive of , issued on	the underlying limit of f legal defense costs. The coverage is provide	

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.

and I with
(Signature of Authorized Representative of Insurer)
JAMIL ROBERTSON
(Typed name)
OWNER/AGENT
(Title)
Authorized Representative of
PROGRESSIVE MOUNTAIN INSURANCE COMPANY
(Name of Insurer) 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 44143
(Address of Representative)

1.

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

	R SURPLUS LINES INSU	RANCE COMPA	AIN Y
	(Name of Insurer)		
(the "Insurer"), of	11575 GREAT OAKS WAY	, SUITE 200 ALPI	HARETTA, GA 30022
(1110 11130101), 01	(Address of Insurer)		
environmental restora	t has issued liability insurance cove ation for sudden accidental occurre	ring bodily injury and aces to	property damage includir
USA OIL LLC	(Name of Insured)		
	· · ·		· · · · · - · - · · · · · · · · · ·
(the "Insured"), of	210 EGG & BUTTER RD,	NORTH OCHLO	OCKNEE, GA 31/7
	(Physical Address of Insured))	
in connection with th Administrative Code	e insured's obligation to demonstrat Rule 62-710.600(2) and 62-730.17	te financial responsible 0. The coverage apple	lity under Florida ies at:
EPA/DEP I.D. No.	Name	Physi	cal Address
GAR 000052746	USA OIL LLC 210 EGG	BUTTER RD. N	ORTH OCKLOCKNE
(If coverage is for m	ultiple facilities, identify each facili	ty insured.)	
`			vees of
`	nary and the company shall not be l	iable for amounts in elegal defense costs.	
This insurance is prir	nary and the company shall not be for each accident, exclusive of	iable for amounts in e legal defense costs. 7 05-10-2023	
This insurance is <u>prir</u> \$_1,000,000	nary and the company shall not be l	iable for amounts in elegal defense costs.	
This insurance is <u>prir</u> \$_1,000,000 under policy number	nary and the company shall not be for each accident, exclusive of G28295297004, issued on	iable for amounts in elegal defense costs. To 05-10-2023 (date)	
This insurance is print 1,000,000 under policy number The effective date of	nary and the company shall not be l	iable for amounts in elegal defense costs. To 05-10-2023 (date)	he coverage is provided
This insurance is print 1,000,000 under policy number The effective date of is 05-30-2024	for each accident, exclusive of G28295297004, issued on said policy is 05-30-2023 (date)	iable for amounts in elegal defense costs. To 05-10-2023 (date)	he coverage is provided
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This insurance is prints 1,000,000 under policy number The effective date of the is 05-30-2024 (data of the insurance is excesses to the excesses the insurance is excesses to the effective date of	nary and the company shall not be for each accident, exclusive of G28295297004, issued on said policy is 05-30-2023 (date) ess and the company shall not be lied for each accident in excess of for each accident, exclusive issued on issued on issued on its for each accident, exclusive issued on its foreach accident, exclusive is foreach accident.	iable for amounts in each legal defense costs. To 05-10-2023 (date) and the expiration of the underlying limit of legal defense costs	The coverage is provided on date of said policy cess of of The coverage is provide The effective date o

Tallahassee, Florida 32399-2400

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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.

and I what
(Signature of Authorized Representative of Insurer)
JAMIL ROBERTSON
(Typed name)
OWNER/AGENT
(Title)
Authorized Representative of
WESTCHESTER SURPLUS LINES INSURANCE COMPANY
(Name of Insurer)
11575 GREAT OAKS WAY, SUITE 200, ALPHARETTA,
GA 30022

(Address of Representative)