1.

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 JUL 31 AN10:38:35

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

Reyrisk insur	and Company	
*	(Name of Insurer)	
(the "Insurer"), of	101 Hudson Stree	t, Suite 2550, Jersey City 07302
(the insurer ), or	(Address of Insurer)	
•	t it has issued liability insurance covoration for sudden accidental occurre	vering bodily injury and property damage including ences to
Earth Smart E	nvironmental Solutions, LL0	<u> </u>
	(Name of Insured)	
(the "Insured"), of	1400 S. 3rd	Street, Niles MI 49120
(	(Physical Address of Insure	d)
	the insured's obligation to demonstrate Rule 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
		olution, LLC 1400 S. 3rd Street
		Niles MI 491
		INIES IMI 49 I
This insurance is p	multiple facilities, identify each facil	liable for amounts in excess of flegal defense costs. The coverage is provided 07/22/2023
		(date)
The offestive date:	Second maliar in 07/22/2023	, ,
The effective date	of said policy is 07/22/2023 (date)	and the expiration date of said policy
The effective date of is 07/22/2024	of said policy is 07/22/2023 (date)	, ,
is_07/22/2024		, ,
is 07/22/2024  (This insurance is ex 4,000,000.00  \$ 1,000,000.00	date)  ccess and the company shall not be lefter each accident in excess.	and the expiration date of said policy  iable for amounts in excess of  of the underlying limit of  of legal decrease costs. The coverage is provided
This insurance is east 4,000,000.00  1,000,000.00  under policy number	date)  date)  ccess and the company shall not be lefor each accident in excess for each accident, exclusive references issued of the company shall not be lefor each accident in excess for each accident, exclusive references.	and the expiration date of said policy  iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided in 07/22/2023 . The effective date of (date)
This insurance is east 4,000,000.00	date)  date)  ccess and the company shall not be lefor each accident in excess for each accident, exclusive expressions issued of the expiration of the expi	and the expiration date of said policy  iable for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided on 07/22/2023 . The effective date of

- 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.

tu	uf
(Signature of Authorized Representati	ive of Insurer)
Tina Liu	
(Typed name)	
Senior Underwriter	
(Title)	
Authorized Representative of	
KeyRisk Insurance Company	
(Name of Insurer)	
Berkley Environmental 99 Summer Street, Suite 1000 Boston MA 02210	
(Address of Representative)	