1.

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

DIVISION OF WASTE MANA '23 SEP 18 AM10:33:10

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

XL Insurance A	merica, inc.		
	(Name of Insurer)		
(the "Insurer"), of	505 Eagleview Boulevard Suite 100 Exton, PA 19341-0636		
the insurer j, or	(Address of Insurer)		
	nas issued liability insurance cover on for sudden accidental occurrer	ring bodily injury and property damage including aces to	
Perma-Fix of FI	orida, Inc.		
	(Name of Insured)		
(the "Insured"), of	1940 NW 67th Pla	ace, Gainesville, FL 32653	
	(Physical Address of Insured)		
in connection with the Administrative Code R	insured's obligation to demonstrat ule 62-710.600(2) and 62-730.17	e financial responsibility under Florida 0. The coverage applies at:	
EPA/DI D. No.	Name	Physical Address	
FLD 98071107	Perma-Fix of Florida, Inc.	1940 NW 67th Place, Gainesville, FL 32653	
(If coverage is for mult	iple facilities, identify each facilit	v insured.)	
`			
§ 1,000,000	ary and the company shall not be l for each accident, exclusive of	legal defense costs. The coverage is provided	
under policy number	AEC004445109, issued on		
		(date)	
The effective date of sa	aid policy is 09/01/2023	and the expiration date of said policy	
is 09/01/2024	(date)		
(date	· · · · · · · · · · · · · · · · · · ·		
mi .		the for amounts in average of	
	s and the company shall not be lia for each accident in excess o		
\$			
	for each accident, exclusive	of legal defense costs. The coverage is provided	
under policy number_	for each accident, exclusive of, issued on	of legal defense costs. The coverage is provided The effective date of	
-	, issued on	The effective date of (date)	
said policy is	, issued on	. The effective date of	

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.

O SC to
Joseph S Calonese
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Vice President
(Title)
Authorized Representative of
XL Insurance America, Inc.
(Name of Insurer)
505 Eagleview Blvd, Suite 100
Exton, PA 19341-0636
(Address of Representative)

Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

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

(Name of Insurer) (the "Insurer"), of	surer"), of505	me of Insurer)
(Address of Insurer) hereby certifies that it has issued liability insurance covering bodily injury and property damage intenvironmental restoration for sudden accidental occurrences to Perma-Fix of Florida, Inc. (Name of Insured) (the "Insured"), of	15th Ci	
hereby certifies that it has issued liability insurance covering bodily injury and property damage incenvironmental restoration for sudden accidental occurrences to Perma-Fix of Florida, Inc. (Name of Insured) (the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653 (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/DET I.D. No. Name Physical Address		Eagleview Boulevard Suite 100 Exton, PA 19341-0636
environmental restoration for sudden accidental occurrences to Perma-Fix of Florida, Inc. (Name of Insured) (the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653 (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/DET I.D. No. Name Physical Address	(114	dress of Insurer)
(Name of Insured) (the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653 (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/DET I.D. No. Name Physical Address	certifies that it has issue imental restoration for s	ed liability insurance covering bodily injury and property damage including udden accidental occurrences to
(the "Insured"), of 1940 NW 67th Place, Gainesville, FL 32653 (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/DET I.D. No. Name Physical Address		
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/DET I.D. No. Name Physical Address	`	•
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Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at: EPA/DLT 1.D. No. Name Physical Address	(Phy	ysical Address of Insured)
	= 1.D. No.	Name Physical Address
(If coverage is for multiple facilities, identify each facility insured.)	erage is for multiple faci	ilities, identify each facility insured.)
This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of \$\ for each accident, exclusive of legal defense costs. The coverage is proviunder policy number, issued on (date)	for ea	ch accident, exclusive of legal defense costs. The coverage is provided , issued on
	fective date of said polic	y is and the expiration date of said policy (date)
The effective date of said policy is and the expiration date of said policy (date)	(data)	
is	(date)	
is(date)		
is (date) This insurance is excess and the company shall not be liable for amounts in excess of	surance is <u>excess</u> and th	
is (date) This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of	00,000 for	
is	00,000 for 00,000 for	each accident, exclusive of legal defense costs. The coverage is provided 1445209, issued on 09/01/2023. The effective date of
(date) This insurance is excess and the company shall not be liable for amounts in excess of \$4,000,000 for each accident in excess of the underlying limit of \$4,000,000 for each accident, exclusive of legal defense costs. The coverage is prounder policy number UEC004445209 , issued on 09/01/2023 . The effective of (date)	00,000 for 00,000 for policy number_UEC004	each accident, exclusive of legal defense costs. The coverage is provided 1445209, issued on 09/01/2023. The effective date of (date)

Mail original completed form to: For assistance call: 850-245-8707 Department of Environmental Protection

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.

Systel SCatarece
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Vice President
(Title)
Authorized Representative of
Indian Harbor Insurance Co.
(Name of Insurer)
505 Eagleview Boulevard
Suite 100 Exton, PA 19341-0636
(Address of Representative)