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For assistance call: 850-245-8707

DIVISION OF WASTE MANA '29 NOV 20 AM10:19:52

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

Zurich American	ns. Co.	
	(Name of Insurer)	
(the "Insurer"), of	1400 American	Lane, Schuamburg, IL 60196
(the matter), or	(Address of Insurer)	
	has issued liability insurance covion for sudden accidental occurre	ering bodily injury and property damage including ences to
Hull's Environmer	ntal Services, Inc.	
	(Name of Insured)	
(the "Insured") of	1810 Industrial Dr. Panama City, FL 32405 (Physical Address of Insured)	
(life moured), or	(Physical Address of Insured	1)
	insured's obligation to demonstra 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
El R000243501 Hul	l's Environmental Services In	c 4850 Collins Rd Jacksonville FL 32244

(If coverage is for mul	tiple facilities, identify each facil	ity insured.)
\$ 1,000,000	ary and the company shall not be for each accident, exclusive of	legal defense costs. The coverage is provided
under policy number	3AP 1805700-00 , issued on 11.	(date)
The effective date of s	aid policy is 17/01/2023 (date)	and the expiration date of said policy
is 11/01/2024		
(date	;)	
	ss and the company shall not be l	
\$ 10,000,000	for each accident in excess of the underlying limit of	
\$ 10,000,000		of legal defense costs. The coverage is provided
under policy number S	, issued o	n 11/01/2023 . The effective date of (date)
: 1: ia 11/01/203		
said policy is 11/01/202	and the expiration	on date of said policy is 11/01/2024

- 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.

1 5/2
(Signature of Authorized Representative of Insurer)
(Signature of Authorized Representative of Insurer)
Kevin E Readnour
(Typed name)
Agent
(Title)
Authorized Representative of
Zurich American Ins. Co.
(Name of Insurer)
1400 American LN. Schuamburg, IL 60196

(Address of Representative)