

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

DIVISION OF WASTE MANAGEMENT
'24 JAN 4 AM 10:31:53

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

1. Zurich American Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196-1056
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Cliff Berry, Inc.
(Name of Insured)

(the "Insured"), of 851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD058560699	Cliff Berry, Inc. - Miami	3033 NW North River Dr., Miami, FL 33142-6304
FLR000083071	Cliff Berry, Inc. - Fort Lauderdale	3400 SE 9th Ave., Dania Beach, FL 33316
FLR000009266	Cliff Berry, Inc. - Ft. Pierce	400 Angle Rd., Ft. Pierce, FL 34947-2501
FLR000119792	Cliff Berry, Inc. - Canaveral	5855 Industrial Dr., Cocoa, FL 32927-4608
FLR000119784	Cliff Berry, Inc. - Jacksonville	1518 Talleyrand Ave., Jacksonville, FL 32206-5436
FLR000013888	Cliff Berry, Inc.	5218 Saint Paul St., Tampa, FL 33619-6118

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number BAP 0274662-06, issued on 12/31/2023
(date)

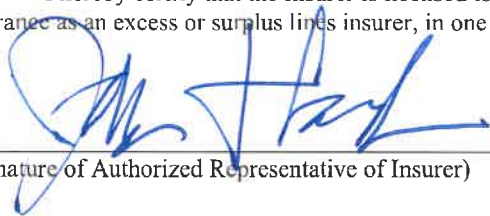
The effective date of said policy is 12/31/2023 and the expiration date of said policy
(date)
is 12/31/2024
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ for each accident in excess of the underlying limit of
\$ _____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____. The effective date of
(date)
said policy is _____ and the expiration date of said policy is _____.
(date) (date)

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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 or more States including Florida.


(Signature of Authorized Representative of Insurer)

John Harrold
(Typed name)

Resident Insurance Agent
(Title)

Authorized Representative of

Zurich American Insurance Company
(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 760, Ft. Lauderdale, FL 33309
(Address of Representative)

DIVISION OF WASTE MANA
'24 JAN 4 AM 10:32:13

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

1. Steadfast Insurance Company
(Name of Insurer)

(the "Insurer"), of 1299 Zurich Way, Schaumburg, IL 60196-1056
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Cliff Berry, Inc.
(Name of Insured)

(the "Insured"), of 851 Eller Drive, P.O. Box 13079, Ft. Lauderdale, FL 33316
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
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FLR000083071	Cliff Berry, Inc. - Fort Lauderdale	3400 SE 9th Ave., Dania Beach, FL 33316
FLR000009266	Cliff Berry, Inc. - Ft. Pierce	400 Angle Rd., Ft. Pierce, FL 34947-2501
FLR000119792	Cliff Berry, Inc. - Canaveral	5855 Industrial Dr., Cocoa, FL 32927-4608
FLR000119784	Cliff Berry, Inc. - Jacksonville	1518 Talleyrand Ave., Jacksonville, FL 32206-5436
FLR000013888	Cliff Berry, Inc.	5218 Saint Paul St., Tampa, FL 33619-6118

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number GPL 0274654-06, issued on 12/31/2023.
(date)

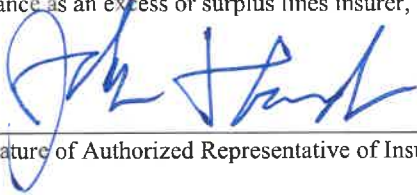
The effective date of said policy is 12/31/2023 and the expiration date of said policy
(date)
is 12/31/2024.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ for each accident in excess of the underlying limit of
\$ _____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____. The effective date of
(date)
said policy is _____ and the expiration date of said policy is _____.
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 - (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.
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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 or more States including Florida.



(Signature of Authorized Representative of Insurer)

John Harrold
(Typed name)

Resident Insurance Agent
(Title)

Authorized Representative of

Steadfast Insurance Company
(Name of Insurer)

500 W. Cypress Creek Rd., Ste. 760, Ft. Lauderdale, FL 33309
(Address of Representative)