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 JUN 26 AM10:25:36

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

Arch Insurance Companny		
<u> </u>	(Name of Insurer)	
(the "Insurer"), of Harborn	side 3 210 Hudson Street Suite 300 Jersey C	ity, New Jersey 07311-1107
	(Address of Insurer)	
	nas issued liability insurance covon for sudden accidental occurr	vering bodily injury and property damage including ences to
Neier Inc		
	(Name of Insured)	
(the "Insured"), of 4711	W Morris St, Indianapolis, IN 46241	
( ),	(Physical Address of Insure	d)
	nsured's obligation to demonstrule 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
TC	Neier, Inc. 4711 W Morr	is St. Indole IN 46241
(If coverage is for multi	iple facilities, identify each facil	ity insured.)
\$ 1,000,000	for each accident, exclusive o	liable for amounts in excess of flegal defense costs. The coverage is provided
under policy number ZA	ACAT9282002 issued on 6/	(date)
The effective date of sa	id policy is 6/1/23 (date)	and the expiration date of said policy
is_6/1/24		
(date)		
This insurance is excess		
\$ 1,000,000	s and the company shall not be l	iable for amounts in excess of
A 2 000 000	and the company shall not be for each accident in excess	
	for each accident in excess for each accident, exclusive	of the underlying limit of c of legal defense costs. The coverage is provide
\$ 2,000,000 under policy number UX	for each accident in excess for each accident, exclusive	of the underlying limit of of legal defense costs. The coverage is provide on 6/1/23
under policy number UX	for each accident in excess for each accident, exclusive P102820704, issued of	of the underlying limit of of legal defense costs. The coverage is provide on 6/1/23 . The effective date of date)
	for each accident in excess for each accident, exclusive P102820704, issued of	of the underlying limit of e of legal defense costs. The coverage is providen 6/1/23 . The effective date

Mail original completed form to:

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.

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- (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.

(Signature of Av Jorized Representative of Insurer)
Lexi Myers
(Typed name)
Vice President
(Title)
Authorized Representative of
Arch Insurance Companny
(Name of Insurer)
Harborside 3 210 Hudson Street Suite 300 Jersey City, New Jersey 07311-1107
(Address of Representative)