For assistance call: 850-245-8707

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

	n Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of	1299 Zurich Way, S	Schaumburg, Illinois 60196
, ,,	(Address of Insurer)	
	it has issued liability insurance covering ration for sudden accidental occurrence	ng bodily injury and property damage incles to
Sunbelt Solomo	n Services, LLC	
	(Name of Insured)	
(the "Insured"), of _	129 W. Main, Solomon, KS 67480 (Physical Address of Insured)	
	(Physical Address of Insured)	
	ne insured's obligation to demonstrate at Rule 62-710.600(2) and 62-730.170.	
EPA/DEP I.D. No.	Name	Physical Address
KSD054757646	Sunbelt Solomon Services 11	LC 129 W. Main, Solomon, KS 6
(If coverage is for m	ultiple facilities, identify each facility	insured.)
This insurance is pri \$ 2,000,000	mary and the company shall not be lial for each accident, exclusive of less	ble for amounts in excess of
This insurance is pri \$ 2,000,000	mary and the company shall not be lial	ble for amounts in excess of
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This insurance is pri \$\( \) 2,000,000  under policy number  The effective date of is \( \) 05/01/2024  (date of the insurance is \( \) 05/01/2024  This insurance is \( \) \$\( \) \$\( \) \$	mary and the company shall not be lial for each accident, exclusive of legation in the BAP 8755298-03, issued on	ble for amounts in excess of gal defense costs. The coverage is provid 05/01/2023 (date)  and the expiration date of said policy  de for amounts in excess of the underlying limit of legal defense costs. The coverage is provided attention.  The effective date of the coverage is provided attention.

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

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) 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.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured (e) 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.

Susan B Kendziora Date: 2024.02.26 14:04:40 -06'00'
(Signature of Authorized Representative of Insurer)
Curan B. Kandrian
Susan B. Kendziora
(Typed name)
Vice President-Enterprise Support Operations
(Title)
Authorized Representative of
Zurich American Insurance Company
(Name of Insurer)
1299 Zurich Way Schaumburg, IL 60196-1056
(Address of Representative)