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 '24 FEB 26 AM10:37:52

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

Starr Indemnity & Liability	Co.	
	(Name of Insurer)	
(the "Insurer"), of ³⁹⁹	Park Avenue, Mezzanine, New York, NY 10022	
	(Address of Insurer)	
	has issued liability insurance covering bodily tion for sudden accidental occurrences to	injury and property damage including
Clean Harbors, Inc		
	(Name of Insured)	
(the "Insured"), of 42	Longwater Drive, Norwell, MA 02061	
	(Physical Address of Insured)	
	e insured's obligation to demonstrate financial Rule 62-710.600(2) and 62-730.170. The cov	
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
CAR000269548	PSC Industrial Outsourcing LP	900 Georgia Ave
(If coverage is for mu	ltiple facilities, identify each facility insured.)	
This insurance is <u>print</u> § 5,000,000 under policy number	nary and the company shall not be liable for an for each accident, exclusive of legal defen 1000679502231 . issued on 11/1/2023	
	(date	e)
The effective date of s	said policy is 11/1/2023 and the	ne expiration date of said policy
is_11/1/2024	·	
(dat	e)	
S 10,000,000	ess and the company shall not be liable for among for each accident in excess of the under	lying limit of
§ 5,000,000 under policy number ¹	for each accident, exclusive of legal def	fense costs. The coverage is provided . The effective date of
under poncy number_	, issued on 11/1/2023 (date	
said policy is 11/1/202		,
(date)		(date)

Mail original completed form to:

DocuSigned by:

(Address of Representative)

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:
 - Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the (a) policy.

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- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, (b) 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.

lestie lappe
(Signature of Authorized Representative of Insurer)
Leslie Lappe
(Typed name)
Profit Center Manager
(Title)
Authorized Representative of
Starr Indemnity & Liability Co.
(Name of Insurer)
399 Park Avenue, Mezzanine, New York, NY 10022