



# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

06/07/2024

Ammar Karmi, President  
Karmi Environmental LLC  
8470 NW 68th St  
Miami, FL 33166-2661

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number for reports for Karmi Environmental LLC located at **8470 NW 68th St, Miami, FL 33166-2661**

DEP/EPA Identification Number: **FLR000000166**

Your facility status is the following: **Very Small Quantity Generator (VSQG)**.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page> .

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit:

[https://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000000166](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000000166) .

For further assistance, please contact me at (850) 245-8707 or email me at [Jeff.Gregg@dep.state.fl.us](mailto:Jeff.Gregg@dep.state.fl.us)

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg  
Environmental Manager  
Waste Compliance Assistance Program

ME ID: 56326, Email Address: [ammarmar@midwestgas.us](mailto:ammarmar@midwestgas.us)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8707

Date Received  
(for FDEP Official Use Only)

DIVISION OF WASTE MANAGEMENT  
24 FEB 22 AM 10:21:39

EPA ID:

FLR000000166

Please use the instructions document to complete this form  
\* mandatory fields

## 1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in  
the correct box\*:

☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).

(must choose one  
if a notification)

☒ To provide updated information for an EPA ID number (to update status and facility identification information).

☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)

☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.

☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

☒ UW Mercury (see page 4)

☒ HW Transporter (see page 5)

☒ Used Oil (see page 6)

## 2. Facility or Business Name:\*

Karmi Environmental, LLC

## 3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address\*:

8470 NW 68 St.

☐ Vessel

City or Town:

Miami

State:

FL

Zip Code:

33166

County\*:

Miami-Dade

Country (if not USA)\*:

USA

## 4. Facility or Business Mailing Address:

☒ Same address as #\_\_ above or\*:

City or Town\*:

State\*:

Zip/Postal Code\*:

Country (if not USA):

## 5. Facility North American Industry Classification System (NAICS) Code(s)\*: (at least 5 digits)

A. 151621119 (required)

B. 115169110

C. 1111111

D. 1111111

## 6. Facility or Business RCRA Contact Person: ☐ Same address as #\_\_ above or:

First Name\*:

Robert

Last Name\*:

Thacker

Title\*:

VP of Accounting & Operations

Phone Number\*:

614-561-1824

Extension\*:

Fax\*:

305-477-9410

E-Mail\*:

Bobby@Midwestgas.us and helys@emcooilcorp.com

Street or P.O. Box (or same address box is checked)\*:

N/A

City or Town\*:

State\*:

Zip Code\*:

Country (if not USA):

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No. <u>FLR0000001660</u>	
<b>7. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.)			
Name of Owner*: <u>Karmi Env. / EMC Oil</u>		Date became Owner*: <u>3/29/2021</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Owner Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
<b>8. Facility Operator</b> (List additional Operators in the comments section). Same address as #__ above or:			
Name of Operator*: <u>Robert Thacker</u>		Date became Operator*: <u>03/29/2021</u> <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*: <u>305-477-7497</u>	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments: <u>Helys Abraham is an alternative contact person</u> <u>helys@emcooilcorp.com</u>			
<b>9. RCRA Hazardous Waste Activities at this Facility:</b> (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> <li>- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or</li> <li>- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or</li> <li>- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.</li> </ul>			
<input type="checkbox"/> b. Small Quantity Generator (SQG):			
<ul style="list-style-type: none"> <li>- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.</li> </ul>			
<input checked="" type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> <li>- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.</li> </ul>			
<b>In addition, indicate other generator activities that apply.</b>			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

**9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):**

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-Commercial TSD
- ☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe required for storage prior to recycling.

- (4) ☐ **Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

- (5) ☐ **Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities**

Choose this management activity ONLY if you attach

EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

- (6) ☐ **Receives Hazardous Waste from Off-Site**

- (7) ☐ **Underground Injection Control**

- (8) ☐ **Recognized Trader**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

**10. Waste Codes for Federally Regulated Hazardous Wastes\*:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1 D001	2 D008	3 D018	4 D035	5 F003	6 F005	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

**11. Other Status Changes** (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped)**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

**(B) Closure Dates:**

- ☐ (1) Expected closure date \_\_\_\_\_ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date \_\_\_\_\_ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: \_\_\_\_\_ (date in mm/dd/yyyy)

☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)**(C) Property Tax Default** ☐**(D) Petition for Bankruptcy Protection** ☐

**Universal Waste Notification and Mercury Transporter/Handler Registration**

 EPA ID No. FLR000000166
**12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**
**A. Federal Notification**
☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

 Accumulates: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals  
☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps

☐ **Destination Facility for UW** Note: For this activity, a facility must treat, dispose, or recycle a UW.  
 A permit is required for storage prior to recycling.

**B. Florida Universal Pharmaceutical Waste (UPW): one-time notification**

- ☐ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any one time)
- ☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])
- ☐ Florida Universal Pharmaceutical Waste (UPW) Transporter

**C. Florida Annual Mercury Handler Registration:**

**For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3., F.A.C. (please contact FDEP first).**

**If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.**

**(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler for-hire Activities**

☐ 1st Annual Registration ☒ Annual Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input checked="" type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required
<input checked="" type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices	
<input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) <b>SQH</b> = less than 100 kg accumulated by for-hire handler	
<input checked="" type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	
<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
<input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	

**(2) Mercury Recovery and/or Reclamation Facility** (A hazardous waste permit is required for this activity)

☐ 1st Annual Registration ☐ Annual Renewal

Annual Registration Required

Briefly Describe your Universal Waste Activities: Occasionally transports for hire mercury containing lamps or devices & pesticides to a disposal or recycling facility. Haz waste and used oil which is our main business. ☐ We use Drum Top Bulb Crusher(s).

**13. Other State Regulated Waste Activities:** Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.



**Used Oil and Hazardous Secondary Material**

EPA ID No.

FLR000000166

**16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)**

**Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.**

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

- ☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.  
UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)

☒ a. Transporter (off-site) and noncontiguous locations

☒ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner  
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

(6) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(7) Used Oil Filter Management (must annually register)

☒ a. Transporter

☒ b. Transfer Facility

☒ c. Processor (Annual Report Required)

☒ d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address (as listed in Item 4)

☐ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

☒ The used oil annual report is attached

☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**17. Notification of Hazardous Secondary Material (HSM) Activity**

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.  
**(Addendum C Required)**

Required signature page

EPA ID No. FLR000000164

## 18. Comments (attach a page if more space is needed):

**19. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):

2/11/2024

Print Name (First, Middle Initial, Last):

Title:

Robert Thacker

VP Accounting &amp; Operations

Organization:

Used Oil ☐

Karmi Environmental LLC

Email:

Bobby @midwestgas.us &amp; helys @emcoilcorp.com

Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Title:

Organization:

Used Oil ☐

Email:

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

Helys Abraham

786 2736151

helys @emcoilcorp.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**Addendum A: LQG Consolidation of VSQG Hazardous Waste**EPA ID No. **FLR000000166****Only fill out this form if:**

- You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

**VSQG 1**☐**New**☐**Update**☐**Delete**

A. EPA ID Number (if assigned)

B. Facility Name

C. Facility Street Address

D. City

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Contact Email

**VSQG 2**☐**New**☐**Update**☐**Delete**

A. EPA ID Number (if assigned)

B. Facility Name

C. Facility Street Address

D. City

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Contact Email

**VSQG 3**☐**New**☐**Update**☐**Delete**

A. EPA ID Number (if assigned)

B. Facility Name

C. Facility Street Address

D. City

E. State

F. Zip Code

G. Contact Phone Number

H. Contact Name

I. Contact Email

<b>Addendum B: Episodic Generator</b>		EPA ID No. <u>HI R0000000166</u>
<b>Only fill out this form if:</b> <ul style="list-style-type: none"> <li>You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed.</li> </ul>		
<b>Episodic Event</b>		
<b>A. Planned</b>  <input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank Cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____	<b>B. Unplanned</b>  <input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.) <input type="checkbox"/> Other _____	
C. Emergency Contact Phone	D. Emergency Contact Name	
E. Beginning Date _____ (mm/dd/yyyy)	F. End Date _____ (mm/dd/yyyy)	
<b>Waste 1</b>		
G. Waste Description		H. Estimated Quantity (in pounds)
I. Federal Hazardous Waste Codes		
<b>Waste 2</b>		
G. Waste Description		H. Estimated Quantity (in pounds)
I. Federal Hazardous Waste Codes		
<b>Waste 3</b>		
G. Waste Description		H. Estimated Quantity (in pounds)
I. Federal Hazardous Waste Codes		

EPA ID No. FLR 000000164

- You are or will be managing excluded hazardous secondary material (HSM) in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) or have stopped managing excluded HSM in compliance with the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section. Note: if your facility was granted a solid waste variance under 40 CFR 260.3 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulation and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

You must submit a completed 8700-12FL, including this Addendum, prior to operating under the exclusion(s) and by every **March 1 of each even-numbered year** to the department pursuant to 40 CFR 260.42. If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must again submit a completed 8700-12FL, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

☐ Notifying that the facility will manage hazardous secondary material as of (mm/dd/yyyy) \_\_\_\_\_.

☐ Re-notifying that the facility is still managing hazardous secondary material.

☐ Notifying that the facility has stopped managing hazardous secondary material as of (mm/dd/yyyy) \_\_\_\_\_.

[illegible]

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?

Y ☐ N ☐ Does the product of your recycling process has levels of hazardous waste constituents. **(Comment Required)**

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date: 12/2019 Page 10 of 10

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

1. \_\_\_\_\_  
(Name of Insurer)  
  
(the "Insurer"), of \_\_\_\_\_  
(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

\_\_\_\_\_  
(Name of Insured)  
  
(the "Insured"), of \_\_\_\_\_  
(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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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 \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date).

The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is \_\_\_\_\_ (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 \_\_\_\_\_ (date). The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is \_\_\_\_\_ (date).

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:
- (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.

\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

\_\_\_\_\_  
(Typed name)

\_\_\_\_\_  
(Title)

Authorized Representative of

\_\_\_\_\_  
(Name of Insurer)

\_\_\_\_\_  
(Address of Representative)