



# 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

05/09/2024  
Salomon Borja, Owner  
Quick Drip LLC  
115 3rd Wahneta St W  
Winter Haven, FL 33880-5819

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 **Quick Drip LLC** located at **115 3rd Wahneta St W, Winter Haven, FL 33880-5819**

DEP/EPA Identification Number: **FLR000267815**

Your facility status is the following: **Non-Handler of Hazardous Waste.**

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=FLR000267815](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000267815) .

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 that reads "Jeff Gregg".

Jeff Gregg  
Environmental Manager  
Waste Compliance Assistance Program

ME ID: 161677, Email Address: [Quickdrip@yahoo.com](mailto:Quickdrip@yahoo.com)

SAVE

PRINT

CLEAR


**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 MAY 6 AM 10:26:02

EPA ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:**\*

Quick Drip LLC

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

Physical Street Address\*:

115 3rd Wahneta St. West

☐ Vessel

City or Town:

Winter Haven

State:

FL

Zip Code:

33880

County\*:

Polk

Country (if not USA)\*:

**4. Facility or Business Mailing Address:**
☐ Same address as #\_\_ above or\*:

470 Citi Centre Street

City or Town\*:

Winter Haven

State\*:

FL

Zip/Postal Code\*:

33880

Country (if not USA):

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

 A. 81111911 (required)

 B.           

 C.           

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

First Name\*:

Salomon

Last Name\*:

Borja

Title\*:

owner

Phone Number\*:

(863) 585-8375

Extension\*:

Fax\*:

E-Mail\*:

quickdrip@yahoo.com

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

115 3rd Wahneta St West

City or Town\*:

Winter Haven

State\*:

FL

Zip Code\*:

33880

Country (if not USA):

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No.*	
<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>Salomon Borja</u>		Date became Owner*: <u>2/13/2024</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: <u>115 3rd W. Harbor St W</u>		Phone Number*: <u>(863) 585-8375</u>	
City or Town*: <u>Winter Haven</u>	State*: <u>FL</u>	Zip Code*: <u>33880</u>	Country (if not USA):
E-Mail*: <u>Salomon.borja@yahoo.com</u>			
Owner Type*: <input checked="" 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 # <u>7</u> above or:			
Name of Operator*: <u>Salomon Borja</u>		Date became Operator*: <u>2/1/24</u> <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*: <u>115 3rd W. Harbor St W</u>		Phone Number*: <u>(863) 585-8375</u>	
City or Town*: <u>Winter Haven</u>	State*: <u>FL</u>	Zip Code*: <u>33880</u>	Country (if not USA):
E-Mail*: <u>salomon.borja@yahoo.com</u>			
Operator Type*: <input checked="" 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>9. RCRA Hazardous Waste Activities at this Facility:</b> (Mark 'X' in all that apply):			
<b>(1) Generator of Hazardous Waste</b> <input type="checkbox"/> Yes <input checked="" 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"/> <b>a. Large Quantity Generator (LQG):</b> - 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 - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.			
<input checked="" type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> - Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <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.			
<input type="checkbox"/> <b>c. Very Small Quantity Generator (VSQG):</b> - 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.			
<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). <b>(Addendum A Required)</b> <input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG <b>(Addendum B Required)</b> <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	2	3	4	5	6	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** ☐





**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.** Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

**Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.**

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

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

☐ 1. For own waste only

☐ 2. For commercial purposes

☐ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

☐ This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume \_\_\_\_\_

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

**Note:** Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

**C. The following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:**

\_\_\_ Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

\_\_\_ Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

\_\_\_ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

\_\_\_ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

\_\_\_ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

\_\_\_ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

**15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐

a. College or University

☐

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐

c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**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)

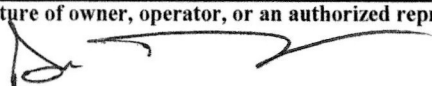
**(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

- 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)**

<b>Required signature page</b>	<b>EPA ID No.*</b>
<b>18. Comments</b> (attach a page if more space is needed):	
<b>19. Certification:</b> 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.	
<input checked="" type="checkbox"/> I certify as a <b>Used Oil Transporter</b> 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..	
<b>Signature of owner, operator, or an authorized representative:</b> 	<b>Date Signed (mm-dd-yyyy):</b> 04-16-2024
<b>Print Name (First, Middle Initial, Last):</b> Salomon Borja	<b>Title:</b> owner
<b>Organization:</b> Quick Drip LLC	<b>Used Oil</b> <input checked="" type="checkbox"/>
<b>Email:</b> quickdrip@yahoo.com	
<b>Signature of owner, operator, or an authorized representative:</b>	<b>Date Signed (mm-dd-yyyy):</b>
<b>Print Name (First, Middle Initial, Last):</b>	<b>Title:</b>
<b>Organization:</b>	<b>Used Oil</b> <input type="checkbox"/>
<b>Email:</b>	
<b>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</b>	
_____ (Name of person completing this form)	_____ (Phone Number)
_____ (E-mail Address)	



PO Box 5316  
Binghamton, NY 13902

66259002 NN RP 02 20240402 NNYNNNNN 0003056

QUICK DRIP, LLC  
470 CITI CTR ST  
WINTER HAVEN, FL 33880-3425

**GEICO Commercial Lines Program**  
Underwritten by: Midvale Indemnity Company  
A Wisconsin Stock Company  
Tel: (877) 515-2191

**Policy Number:** CP00044989

**Date:** 02/27/2024

Dear QUICK DRIP, LLC,

GEICO Commercial Lines Program is pleased to be of service to you. Our objective is to provide you with comprehensive and professional products for all of your insurance needs.

Please find the enclosed policy documents.

If you have any questions, please contact your agent or our Service Center at (877) 515-2191

Sincerely,

Jason Andrukonis  
GEICO Commercial Lines Program

Policies are underwritten and issued by member companies and affiliates of Homesite Group Incorporated. Policies are underwritten by Midvale Indemnity Company (California Certificate of Authority Number 2224-4)

BID COVL 0001 12 17





GEICO Commercial Lines Program  
**Underwritten by:** Midvale Indemnity Company  
A Wisconsin Stock Company

**Send policy correspondence to:**  
PO Box 5316  
Binghamton, NY 13902  
(877) 515-2191

Information as of: 02/28/2024

## POLICY DECLARATIONS

This document and your policy contract define our insuring agreement. In return for payment of premium and subject to all the terms of this policy, we agree to provide you insurance as stated in the policy.

### Policy Information

**Named Insured:** QUICK DRIP, LLC

**Policy Number:** CP00044989

**E-mail Address:** TERE04@YAHOO.COM

**Policy Type:** Commercial General Liability

**Phone:** 8635858375

**Policy Period:** 02/28/2024 to 02/28/2025 12:01AM  
Standard Time at Primary Location

### Location Information

#### Location #1 (Primary location)

**Address:** 470 Citi Centre Street  
Winter Haven, FL 33880

### Policy Level Coverage (limits & deductibles shown are non-stackable across locations)

#### General Liability

	<u>Limit</u>
Per Occurrence Limit	\$1,000,000
General Aggregate Limit (other than products/completed operations)	\$2,000,000
Products/Completed Operations Aggregate limit	\$2,000,000
Personal and Advertising Injury limit	\$1,000,000
Damage to Premises Rented to You (limit per premises)	\$100,000
Medical Payments (limit per person)	\$5,000

	<u>Deductible</u>
Liability Property Damage Deductible	\$250

**General Liability Premium****\$602****Classification Information**

Location	Class Code	Class Description	Exposure Basis	Exposure Amount
1	10073	Automobile Repair Or Service Shops - Not Otherwise Classified	Gross Sales	\$30,000

**Policy Premium****\$612.23****Premium Taxes, Surcharges and Fees** (note: included in Policy Premium above)

GL FIGA Assessment Surcharge - 1	\$4.21
GL FIGA Assessment Surcharge - 3	\$6.02

**Discounts Applied to This Policy**

Loss-Free

**Policy Forms and Endorsements**

BID GL TOC FL 06 15	FLORIDA - CGL TABLE OF CONTENTS
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20 03 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 03 00 01 96	DEDUCTIBLE LIABILITY INSURANCE
CG 21 01 11 85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
CG 21 06 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 50 04 13	AMENDMENT OF LIQUOR LIABILITY EXCLUSION
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 24 26 04 13	AMENDMENT OF INSURED CONTRACT DEFINITION
CG 74 10 03 21	ADDITIONAL INSURED -BLANKET
CG 77 48 03 21	PUNITIVE DAMAGES EXCLUSION
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

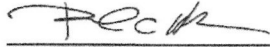
In witness whereof, we have caused this policy to be signed by our authorized officers.

**Home Office**  
**MIDVALE INDEMNITY COMPANY**  
**6000 American Parkway**  
**Madison, WI 53783**



---

Tony Desantis, Jr.  
President



---

David Holman  
Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  GEICO Commercial Lines Program PO Box 5316 Binghamton NY 13902	<b>CONTACT NAME:</b> GEICO Commercial Lines Program	
	<b>PHONE (A/C, No, Ext):</b> (877) 515-2191 <b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> commercialservice@homesite.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Midvale Indemnity Company	27138
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**INSURED**  
QUICK DRIP, LLC  
470 Citi Centre Street  
Winter Haven FL 33880

**COVERAGES**

CERTIFICATE NUMBER: 00000913717322

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	CP00044989	02/28/2024	02/28/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA E.L. DISEASE - POLICY LIMIT
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Auto Roadside Assistance

**CERTIFICATE HOLDER****CANCELLATION**

QUICK DRIP, LLC  
470 CITI CENTRE STREET  
WINTER HAVEN FL 33880

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.