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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 AUG 22 AN10:22:09

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

	(Name of Insurer)	
(41 - 11 <b>T</b> 11 <b>X C</b>	Sunbelt Solomon Services, LLC	
(the "Insurer"), of	(Address of Insurer)	
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hereby certifies that it lenvironmental restoration	as issued liability insurance covering bodily injury and property damage on for sudden accidental occurrences to	including
Sunbelt Solomon	Services, LLC	
	(Name of Insured)	
(the "Insured"), of	129 W Main Solomon, KS 67480	
	(Physical Address of Insured)	
	nsured's obligation to demonstrate financial responsibility under Florida ule 62-710.600(2) and 62-730.170. The coverage applies at:	
EPA/DEP I.D. No.	Name Physical Address	
KSD054757646	Sunbelt Solomon Services, LLC 129 W Main Solomon KS	67480
(If coverage is for mult	iple facilities, identify each facility insured.)	
This insurance is prima	ry and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is proposed to the coverage of the coverage	ovided
This insurance is prima \$\frac{2,000,000}{under policy number}	ry and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is proposed to the coverage of the coverage	
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Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 For assistance call: 850-245-8707

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.

de la company	
(Signature of Authorized Representative of Insurer)	
Dan Conway	
(Typed name)	
Executive Vice President & Chief Underwriting Officer	
(Title)	
Authorized Representative of	
Starr Indemnity & Liability Company	
(Name of Insurer)	
1601 Market Street Philadelphia, PA 19103	
(Address of Representative)	