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

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

1. Starr Indemnity & Liability Co.
(Name of Insurer)

(the "Insurer"), of 399 Park Avenue, Mezzanine, New York, NY 10022
(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

Safety-Kleen Systems, Inc. also known as Clean Harbors Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 42 Longwater Drive, Norwell, MA 02061
(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:

EPA/DEP I.D. No.	Name	Physical Address
FLD984167791	Safety-Kleen Systems, Inc.	5610 Alpha Drive, Boynton Beach, FL 33426
FLD980847271	Safety-Kleen Systems, Inc.	5309 24th Avenue S, Tampa, FL 33619
FLD984171694	Safety-Kleen Systems, Inc.	8755 NW 95th St., Medley, FL 33178

(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 $ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 1000679502241, issued on 11/1/2024 (date).

The effective date of said policy is 11/1/2024 (date) and the expiration date of said policy is 11/1/2025 (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).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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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.

DocuSigned by:
Leslie Lappe
BD9A0B03F4154D3...
(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
(Address of Representative)