



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Alexis A. Lambert
Secretary

12/04/2024

Chad Plata, Compliance Director
Trilogy Medwaste Southeast LLC
8554 Katy Fwy Ste 200
Houston, TX 77024

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 Trilogy Medwaste Southeast LLC located at **8601-8603-8605 NW 66th Street, Miami, FL 33166**

DEP/EPA Identification Number: **FLR000209049**

Your facility status is the following: **Non-Handler of Hazardous Waste, LQH of Universal Waste -Batteries, Universal Waste - Pesticides, Universal Waste - Lamps, Universal Waste -Devices, Hazardous Waste Pharmaceutical - Healthcare Facility, Off-Site Waste Received.**

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://fldeplc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000209049 .

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

Sincerely,

A handwritten signature in black ink that reads "Jeff Gregg" with a small flourish below it.

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 112518, Email Address: cplata@trilogymedwaste.com



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 MGMT
24 DEC 2 01 10:41

EPA ID:	F	L	R	0	0	0	2	0	9	0	4	9	Please use the instructions document to complete this form * mandatory fields
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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*:

(must choose one if a notification)

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

Trilogy MedWaste Southeast, LLC

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

Physical Street Address*: 8601-8603-8605 NW 66th Street Vessel

City or Town: Miami State: FL Zip Code: 33166

County*: Miami-Dade Country (if not USA)*:

4. Facility or Business Mailing Address:

Same address as #__ above or*:

8554 Katy Fwy, Suite: 200

City or Town*: Houston State*: TX Zip/Postal Code*: 77024 Country (if not USA):

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

A. | 5 | 6 | 2 | 1 | 1 | 1 | (required) B. | | | | | | |

C. | | | | | | | D. | | | | | | |

6. Facility or Business RCRA Contact Person: Same address as # 4 above or:

First Name*: Chad Last Name*: Plata Title*: Director of Compliance

Phone Number*: 713-205-7233 Extension*: Fax*: 713-300-8855

E-Mail*: cplata@trilogymedwaste.com

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

City or Town*: State*: Zip Code*: Country (if not USA):

7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)

Name of Owner*: Blancfer Corp.	Date became Owner*: <u>02 / 01 / 2022</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*: 8613 NW 66th Street	State*: FL	Zip Code*: 33166	Country (if not USA):
E-Mail*: bfernandez@kesschem.com			
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: None			

8. Facility Operator (List additional Operators in the comments section). Same address as # 3 above or:

Name of Operator*: Trilogy MedWaste Southeast	Date became Operator*: <u>03 / 01 / 2020</u> <input type="checkbox"/> New Operator mm dd yy		
Street or P.O. Box (or same address box is checked)*:	Phone Number*: 305-592-1850		
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*: compliance@trilogymedwaste.com			
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: None			

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

(1) Generator of Hazardous Waste

Yes No (This does not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

a. Large Quantity Generator (LQG):

- 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.

b. Small Quantity Generator (SQG):

- 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.

c. Very Small Quantity Generator (VSQG):

- 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.

In addition, indicate other generator activities that apply.

d. Short-Term Generator (one-time, not on-going)

e. Mixed Waste (hazardous and radioactive) Generator

f. United States Importer of hazardous waste

g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). **(Addendum A Required)**

h. Episodic: Not lasting more than 60 days: SQG LQG **(Addendum B Required)**

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-Commercial
 - Specify: Stores prior to recycling Does not store prior to recycling.
 - Note: A permit may be 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 D002	³ D004	⁴ D005	⁵ D007	⁶ D008	⁷ D009
⁸ D010	⁹ D011	¹⁰ D013	¹¹ D020	¹² D024	¹³ P001	¹⁴ P012
¹⁵ P075	¹⁶ P105	¹⁷ P108	¹⁸ P188	¹⁹ U010	²⁰ U075	²¹ U121

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**

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 Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required
<input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	
<input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	
<input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	
<input type="checkbox"/> Mercury-Containing Devices LQH = 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 LQH = 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: We use Drum Top Bulb Crusher(s).

Universal Waste is collected and transported to a permitted facility that can accept Universal Waste.

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.

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:

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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)**

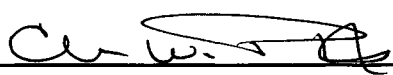
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. **(Addendum C Required)**

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

Additional Waste Codes from Section 10:
 U035, U058, U059, U089, U122, U129, U132, U150, U151, U182, U187, U188, U200, U201, U202
 U205, U206, U237, U248, PHARMS

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): 11/26/2024
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Print Name (First, Middle Initial, Last): Chad W. Plata	Title: Director of Compliance
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Organization: Trilogy MedWaste Southeast, LLC	Used Oil <input type="checkbox"/>
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Email:
cplata@trilogymedwaste.com

Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
---	----------------------------------

Print Name (First, Middle Initial, Last):	Title:
--	---------------

Organization:	Used Oil <input type="checkbox"/>
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Email:

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

(Name of person completing this form)	(Phone Number)	(E-mail Address)
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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

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000209049	- Trilogy MedWaste Southeast, LLC	- 8601/8603/8605 NW 66th
		Miami, FL 33027

(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 \$ 1,000,000 for each accident, exclusive of the legal defense costs.

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.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

(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.

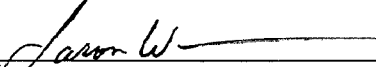
Attached to and forming part of policy No. BAP2042211-10 issued by
Key Risk Insurance Company, herein called the Insurer, of
[Name of Insurer]
7823 National Service Road, Greensboro, NC 27409 to
[Address of Insurer]
Trilogy Medwaste Southeast, LLC of
[Name of Insured]
8554 Katy Freeway, Suite 200 Houston, TX 77024
[Physical Address of Insured]

this 31st day of December, 2023.
(Day) (Month) (Year)

The effective date of said policy is 1st day of January, 2024.
(Day) (Month) (Year)

The expiration date of said policy is 1st day of January, 2025.
(Day) (Month) (Year)

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 or more states including Florida.


[Signature of Authorized Representative of Insurer]

Jason Wren
[Type Name]

Regional Vice President
[Title]

Authorized Representative of
Key Risk Insurance Company
[Name of Insurer]

7823 National Service Road, Greensboro, NC 27409
[Address of Representative]

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

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR000209049	- Trilogy MedWaste Southeast, LLC	- 8601/8603/8605 NW 66th St
		Miami, FL 33027

(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 the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

(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.

Attached to and forming part of policy No. FFX2042213-10 issued by

Nautilus Insurance Company, herein called the Insurer, of
[Name of Insurer]

7233 East Butherus Drive, Scottsdale, AZ 85260-2410 to
[Address of Insurer]

Trilogy MedWaste, Inc. of
[Name of Insured]

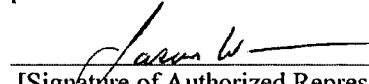
8544 Katy Freeway, Suite 200 Houston, TX 77024
[Physical Address of Insured]

this 31st day of December, 2023.
(Day) (Month) (Year)

The effective date of said policy is 1st day of January, 2024.
(Day) (Month) (Year)

The expiration date of said policy is 1st day of January, 2025.
(Day) (Month) (Year)

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 or more states including Florida.


[Signature of Authorized Representative of Insurer]

Jason Wren
[Type Name]

Regional Vice President
[Title]

Authorized Representative of

Nautilus Insurance Company
[Name of Insurer]

7233 East Butherus Drive, Scottsdale, AZ 85260-2410
[Address of Representative]

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

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

I. Key Risk Insurance Company
(Name of Insurer)

(the "Insurer"), of 7823 National Service Road, Greensboro, NC 27409
(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

Trilogy Medwaste, Inc.
(Name of Insured)

(the "Insured"), of 8554 Katy Freeway, Suite 200, Houston, TX 77024
(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>
FLR000209049	Trilogy MedWaste Southeast	8601/8603/8605 NW 66th St Miami, FL 33027

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP2042211-10, issued on 1/1/2024.
(date)

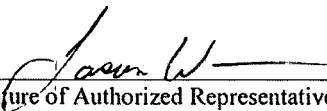
The effective date of said policy is 1/1/2024 and the expiration date of said policy is 1/1/2025.
(date)

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 _____ and the expiration date of said policy is _____.
(date)

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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.



(Signature of Authorized Representative of Insurer)

Jason Wren

(Typed name)

Regional Vice President

(Title)

Authorized Representative of

Key Risk Insurance Company

(Name of Insurer)

7823 National Service Road
Greensboro, NC 27409

(Address of Representative)

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Tallahassee, Florida 32399-2400

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

i. Nautilus Insurance Company
(Name of Insurer)

(the "Insurer"), of 7233 East Butherus Drive, Scottsdale, AZ 85260-2410
(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

Trilogy Medwaste, Inc.
(Name of Insured)

(the "Insured"), of 8554 Katy Freeway, Suite 200, Houston, TX 77024
(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>
FLR000209049	Trilogy MedWaste Southeast	8601/8603/8605 NW 66th St
		Miami, FL 33027

(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).

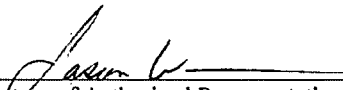
The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000.00 for each accident in excess of the underlying limit of \$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX2042213-10, issued on 1/1/2024 (date). The effective date of said policy is 1/1/2024 (date) and the expiration date of said policy is 1/1/2025 (date).

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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.



(Signature of Authorized Representative of Insurer)

Jason Wren

(Typed name)

Regional Vice President

(Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)
7823 National Service Road
Greensboro, NC 27409

(Address of Representative)