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

XL Specialty In	surance Company	
	(Name of Insurer)	
(the "Insurer"), of	505 Eagleview Blvd, Exton PA 19341	
(4.10 1.11562-67), 01	(Address of Insurer)	
	as issued liability insurance covering bodily injury and property dama on for sudden accidental occurrences to	age including
Spectrum Envir	onmental Services, Inc.	
	(Name of Insured)	
(the "Insured"), of	85 Spectrum Cove, Alabaster AL 35007	
	(Physical Address of Insured)	
	nsured's obligation to demonstrate financial responsibility under Floriale 62-710.600(2) and 62-730.170. The coverage applies at:	ida
EPA/DEP I.D. No.	Name Physical Address	
	ectrum Industrial Services, Inc. 125 Spectrum Cove, Alab	oaster AL
(If coverage is for mul	ple facilities, identify each facility insured.)	
\$ 1,000,000	ry and the company shall not be liable for amounts in excess of for each accident, exclusive of legal defense costs. The coverage is AEC006158702, issued on 7/1/2024.	provided
	(date)	
The effective date of s	id policy is 7/1/2024 and the expiration date of said j	policy
is 7/1/2025	·	
(date		
	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, issued on The effect	e is provided
under poncy number_		
	(date)	ctive date of
	(date)and the expiration date of said policy is	ctive date of

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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.

Joseph S Catanese
(Signature of Authorized Representative of Insurer)
Joseph S. Catanese
(Typed name)
Vice President (Title)
Authorized Representative of
XL Specialty Insurance Company
(Name of Insurer)
505 Eagleview Blvd., Exton PA 19341
(Address of Representative)