

March 1, 2013

FDEP Waste Management Division-HWRS MS 4560 Attn: Janet Ashwood 2600 Blair Stone Rd., MS 4560 Tallahassee, FL 32399

RE: Water Recovery, LLC
EPA Identification Number FLR 000 069 062
Certificate of Liability Used Oil Insurance

Dear Janet,

Enclosed please find the Dept of Environmental Protection Certificate of Liability insurance Used Oil Transporters for Water Recovery, LLC for the 2/28/2013 to 2/28/2014 policy term.

Please file this accordingly.

Should any other information be needed do not hesitate to contact our office.

Sincerely,

Irene B Roberts

Senior Account Manager

Willis of Connecticut, LLC

860-756-7351

Irene.roberts@willis.com



Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Received

Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form

MAR 04 2013

RSHW

1.	Great Divide Insurance Company , (the Insurer), 72	233 E. Butherus Drive, Scottsdale, AZ 85260
	(Name of the Insurer)	(Address of the Insurer)
	hereby certifies that it has issued liability insurance to: Water Recov	very, LLC (the Insured),
	(Nam	ne of the Insured)
	1819 Albert St., Jacksonville, FL 32202 who	ose EPA Identification number is FLR 000 069 062
(Address of the Insured)		
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]	
	The insurance is primary and the company shall be liable for amounts up to \$\frac{1,000,000}{} less the deductible or	
	retention of \$\frac{0}{2}\$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,	
	its amount may not exceed 10% of the equity of the Insured.	
	This coverage is provided under policy number BAP1527285-12	, issued on February 22, 2013
This coverage is provided under policy number BAP1527285-12, issued on Coate). The expiration date of said policy is February 28, 2014 or the annual renewal date is February 28 (Date).		annual renewal date is February 28th
	(Date)	(Date)
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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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, surplus lines insurer, in one or more States, including Florida.		of insurance, or eligible to provide insurance as an excess or
(S	Signature of Insurer or Authorized Representative)	Authorized Representative of
Ire	ene B. Roberts	Great Divide Insurance Company
(T	ype Name)	(Name of Insurer)
Se	enior Account Manager Willis of Co	onnecticut, LLC 185 Asylum St., Hartford, CT 06103
(T	(Address of Representative)	

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DEP Form #62-710.901(4)
Form Title Certificate of Liability
Insurance, Used Oil Transporters
Effective Date June 9, 2005

Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

- (e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.
 - 1. The insurance required in this paragraph may be established by:
- a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or
- b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.
 - 2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us