



Post Office Box 1036
Conway, SC 29528
1720 Mill Pond Rd.
Conway, SC 29527
843.248.4214
arborone.com

July 12, 2017

Honorable Jason E. Brown
County Administrator
Indian River County, Florida
1801 27th Street
Vero Beach, FL 32960-3365

Re: INEOS New Planet BioEnergy LLC
Ethanol Facility located in Vero Beach, Indian River County, Florida

Dear Mr. Brown:

This letter is in reference to the deposit in the amount of \$200,000 (the "**Deposit**") which INEOS New Planet BioEnergy LLC ("**INPB**") placed with Indian River County, Florida ("**IRC**"), to secure certain obligations INPB had to IRC in connection with its ownership and operation of INPB's biofuels production facility located on its property located in Indian River County (the "**Plant**").

Please be advised that notwithstanding any earlier communications to the contrary you may have received from ArborOne, ACA, in its capacity as the Servicer ("**ArborOne**") for certain INPB bonds (the "**Bonds**"), guaranteed in part by the U.S. Department of Agriculture, ArborOne hereby authorizes IRC promptly to release directly to INPB \$51,551.55 of the Deposit to reimburse it for its procurement of an environmental liability insurance policy with respect to the Plant and the real property on which it is located.

If you have any questions or need additional information, please do not hesitate to contact the undersigned, Emily Pace, at (843) 438-4718, or by email at EPace@ArborOne.com.

Thank you for your cooperation.

Very truly yours,

ArborOne, ACA

By: Emily T. Pace
Emily T. Pace
Vice President

AO/rb

cc: Tim A. Avery, CFO, INEOS New Planet BioEnergy LLC
Dylan Reingold, Esq., County Attorney, Indian River County



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
04/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:	
	PHONE (A/C NO. EXT): 877-945-7378	FAX (A/C. NO.): 888-467-2378
	E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: The Insurance Company of the State of Pen	NAIC # 19429-101
INSURED INEOS New Planet Bioenergy LLC 2600 South Shore Blvd League City, TX 77573	INSURER B: ACE American Insurance Company	
	INSURER C: Evanston Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 25450563

REVISION NUMBER: See Remarks

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL7129922	4/1/2017	4/1/2018	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> \$1,000,000 SIR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
OTHER:							
B	AUTOMOBILE LIABILITY			ISAH09054406	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC49112038	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SCFC4911204A	4/1/2017	4/1/2018	E.L. EACH ACCIDENT \$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Fixed Site Pollution Legal Liability			MKLV2ENV100093	5/1/2017	5/1/2020	Per Pollution Condition \$3,000,000 Limit
							Aggregate \$3,000,000 Limit
							Self-Insured Ret. \$35,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 4/4/2017 WITH ID: 25378919

Additional Insured on General Liability in favor of certificate holder as required by written contract subject to policy terms, conditions, & exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Indian River County Landfill
Indian River County Solid Waste Disposal District
1325 74th Avenue SW
Vero Beach, FL 32968

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Coll: 5065639 Tpl: 2140069 Cert: 25450563 © 1988-2015 ACORD CORPORATION. All rights reserved.



AmWINS Brokerage of Georgia, LLC

3630 Peachtree Rd. NE
Suite 1700
Atlanta, GA 30326

amwins.com

License No. 106052

April 26, 2017

Margaret Gibson
Willis of Texas
920 Memorial City Way
Suite 500
Houston, TX 77024

RE: INEOS New Planet Bioenergy, LLC
Pollution Legal Liability

POLLUTION LEGAL LIABILITY CONFIRMATION OF COVERAGE

Dear Margaret:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE:	4/26/2017	
NAMED INSURED:	INEOS New Planet Bioenergy, LLC	
MAILING ADDRESS:	2600 South Shore Blvd Suite 500 League City, TX 77573	
CARRIER:	Evanston Insurance Company	
POLICY NUMBER:	MKLV2ENV100093	
POLICY PERIOD:	From 5/1/2017 to 5/1/2020 12:01 A.M. Standard Time at the Mailing Address shown above	
POLICY PREMIUM:	\$49,050.00	Premium
	\$2,501.55	Surplus Lines Taxes
	\$51,551.55	Total
TRIA PREMIUM:	Rejected by Insured.	
MINIMUM EARNED PREMIUM:	25%	
COMMISSION:	0.000% of premium excluding fees and taxes	

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT

APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

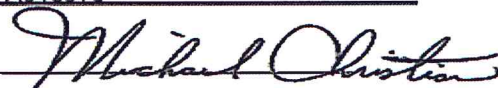
Surplus Lines Licensee:

Name: Michael Orren Christian
Address 3630 Peachtree Road NE St. 1700
Atlanta, GA 30326
License A046973

Producing Agent:

Name: Willis Towers Watson
Address: Willis Natural Resources | Willis of Texas, Inc.
920 Memorial City Way, Suite 500 | Houston, TX 77024 | USA

Signature:



POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$49,050.00	\$0.00	\$49,050.00	5.00%	\$2,452.50
Stamping Fee	\$49,050.00	\$0.00	\$49,050.00	0.10%	\$49.05
Total					\$2,501.55
Total Surplus Lines Taxes and Fees					\$2,501.55

IMPORTANT NOTICE: THE NONADMITTED & REINSURANCE REFORM ACT (NRRA) WENT INTO EFFECT ON JULY 21, 2011. ACCORDINGLY, SURPLUS LINES TAX RATES AND REGULATIONS ARE SUBJECT TO CHANGE WHICH COULD RESULT IN AN INCREASE OR DECREASE OF THE TOTAL SURPLUS TAXES AND FEES OWED ON THIS PLACEMENT. IF A CHANGE IS REQUIRED, WE WILL PROMPTLY NOTIFY YOU. ANY ADDITIONAL TAXES OWED MUST BE PROMPTLY REMITTED TO AMWINS.

ADDITIONAL TERMS AND CONDITIONS:

Per Carrier Binder.

The attached Binder from the carrier sets out the precise coverage terms and conditions being bound. Please review this information carefully. If after review, you find any errors in this Confirmation of Coverage or the carrier's Binder, please contact us immediately to discuss.

Should you have any questions or need anything further, please feel free to contact me.

Thank you for your business. We truly appreciate it.

Sincerely,

Elizabeth Hartsig

Associate Broker | AmWINS Brokerage of Georgia, LLC
T 404.920.3667 | F 404.920.3789 | elizabeth.hartsig@amwins.com
3630 Peachtree Rd. NE | Suite 1700 | Atlanta, GA 30326 | amwins.com

On behalf of,

Heath Cunningham

Executive Vice President | AmWINS Brokerage of Georgia, LLC
T 404.920.3666 | M 404.229.4484 | F 404.920.3789 | heath.cunningham@amwins.com
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