



Legislation Text

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**File #:** 24-1082, **Version:** 1

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**Interoffice Memorandum**

**DATE:** July 11, 2024

**TO:** Mayor Jerry L. Demings and County Commissioners

**THROUGH:** N/A

**FROM:** Ed Torres, M.S., P.E. LEED AP, Director, Utilities Department

**CONTACT:** David Gregory, Utilities Manager

**PHONE:** 407-254-9622

**DIVISION:** Solid Waste Division

**ACTION REQUESTED:**

Approval of Commercial Refuse License for Standard Waste Reduction, LLC to provide solid waste hauling services to commercial generators in Orange County for a five-year term. All Districts. (Solid Waste Division)

**PROJECT:** N/A

**PURPOSE:** The Solid Waste Division has received a commercial refuse license application from Standard Waste Reduction, LLC, to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County.

Section 32-178 of the Orange County Code requires that the applicant

- Provide ownership information and corporate fictitious name
- Purchase and maintain required insurance
- Demonstrate the service capability of vehicles and equipment

Staff has reviewed the application and supporting documentation and determined that Standard Waste Reduction, LLC meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five years.

**BUDGET:** N/A

**Standard Waste Reduction, LLC**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

**The following is a list of documentation included in this package:**

- Application for commercial hauler license

**Service information to include the following data:**

- Area(s) of Orange County to be serviced
- Number of employees
- Number of commercial vehicles to be used in the business
- Truck numbers and tare weights of each vehicle
- Vehicle registration(s)

**Certificate of Insurance issued to Orange County showing:**

- Orange County shall be named as an additional insured & certificate holder on all liability policies.
- General Liability – in an amount not less than \$1,000,000 per occurrence
- Workers' Compensation as required by Florida Statue Chapter 440.
- Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

**Orange County Local Business Tax Receipt**

- (formerly called Occupational License)

**License Fee:**

- \$ 25.00    3 or less employees
- \$200.00    4 to 10 employees
- \$350.00    11 or more employees

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

BCC Mtg. Date: July 30, 2024

**Please Check the Services Your Company Provides:**

- Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- Construction & Demolition - Collection of Construction and Demolition debris only.
- Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Standard Waste Reduction, LLC  
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: Standard Waste Reduction, LLC  
MAILING ADDRESS: PO BOX 609057

CITY / STATE / ZIP CODE: Orlando FL 32860

PHONE NUMBER: 407-788-8120 FAX: 407-521-7061

CONTACT PERSON: Chuck Parke

E-MAIL ADDRESS: chuck@standardwastereduction.com

EMERGENCY PHONE NUMBER: 407-399-4286

NUMBER OF EMPLOYEES: 5

LOCATION OF EQUIPMENT:

ADDRESS: 5216 Old Winter Garden Rd

CITY / STATE / ZIP: Orlando FL 32811

HOURS OF OPERATION: 6:00 am to 6:00 pm

DAYS OF OPERATION: Monday through Friday

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

Name	Office Held	Permanent Address	% Owned
a. <u>Charles Parke</u>	<u>Manager</u>	<u>4498 Real Ct Orlando FL 32808</u>	
b. <u>Terri Parke</u>	<u>Manager</u>	<u>4498 Real Ct Orlando FL 32808</u>	
c. _____			
d. _____			
e. _____			

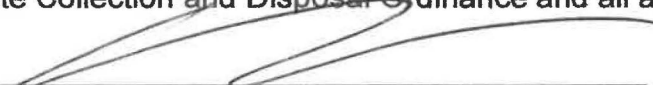
I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES  NO

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES  NO

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

      5-7-24  
 Signature of Authorized Representative      Date  
MGR  
 Title

Home Address 4498 Real Ct

City / State/ Zip Orlando FL 32808

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

**AFFIDAVIT**

(to be attested before a Notary Public or other  
officer authorized to administer oaths)

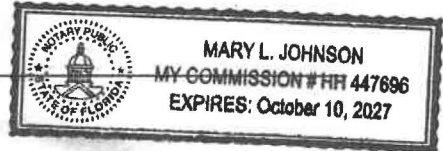
STATE OF Florida  
COUNTY OF Orange

Personally appeared before me, an officer duly qualified to administer an oath in the City of Orlando, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant [Signature]

Sworn to and subscribed before me, this 7<sup>th</sup> day of May, 20 24

[Signature]  
(Notary Public)



My Commission Expires: 10-10-2027



## FLORIDA VEHICLE REGISTRATION

PLATE **CF8691** DECAL **19606450** Expires **Midnight Tue 12/31/2024**

YR/MK	<b>2001/CHEV</b>	BODY	<b>TK</b>	COLOR	<b>WHI</b>	Reg. Tax	96.85	Class Code	41
VIN	<b>1GCHC29G51E307058</b>			TITLE	<b>83628567</b>	Init. Reg.		Tax Months	12
Plate Type	<b>RGR</b>	NET WT	<b>5849</b>	GVW	<b>7999</b>	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	<b>[REDACTED]</b>					Sales Tax		Credit Months	
Date Issued	<b>12/15/2023</b>	Plate Issued	<b>8/10/2022</b>			Voluntary Fees			
						Grand Total	99.85		

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

#30

RGR - FLORIDA REGULAR

## FLORIDA VEHICLE REGISTRATION

PLATE **544RTP** DECAL **04082918** Expires **Midnight Tue 12/31/2024**

YR/MK	<b>2008/CHEV</b>	BODY	<b>TK</b>	COLOR	<b>WHI</b>	Reg. Tax	139.70	Class Code	41
VIN	<b>1GCHC24U76E234795</b>			TITLE	<b>95787739</b>	Init. Reg.		Tax Months	24
Plate Type	<b>RGR</b>	NET WT	<b>5088</b>	GVW	<b>5999</b>	County Fee	6.00	Back Tax Mos	
						Mail Fee	0.90	Credit Class	
DL/FEID	<b>[REDACTED]</b>					Sales Tax		Credit Months	
Date Issued	<b>12/21/2022</b>	Plate Issued	<b>5/28/2015</b>			Voluntary Fees			
						Grand Total	146.60		

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

#27

RGR - FLORIDA REGULAR

Truck 27

## FLORIDA VEHICLE REGISTRATION

PLATE **IA93MD** DECAL **19606384** Expires **Midnight Tue 12/31/2024**

YR/MK	<b>2004/CHEV</b>	BODY	<b>TK</b>	COLOR	<b>BGE</b>	Reg. Tax	96.85	Class Code	41
VIN	<b>1GCHC29G44E141958</b>			TITLE	<b>132280861</b>	Init. Reg.		Tax Months	12
Plate Type	<b>RGR</b>	NET WT	<b>5970</b>	GVW	<b>7000</b>	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	<b>[REDACTED]</b>					Sales Tax		Credit Months	
Date Issued	<b>12/15/2023</b>	Plate Issued	<b>7/10/2018</b>			Voluntary Fees			
						Grand Total	99.85		

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal

#25

STANDARD WASTE REDUCTION LLC  
3141B SHARPE RD  
APOPKA, FL 32703-2104

# FLORIDA VEHICLE REGISTRATION

CO AGY 7 / 19

T# 1903798619  
B# 44698

PLATE **20CFUG** DECAL **20043912** Expires **Midnight Tue 12 31 2024**

YR/MK	<b>2007/CHEV</b>	BODY	<b>TK</b>	COLOR	<b>BLU</b>	Reg. Tax	38.40	Class Code	41
VIN	<b>1GCHC39G87E119911</b>			TITLE	<b>96597596</b>	Init. Reg.		Tax Months	12
Plate Type	<b>RGR</b>	NET WT	<b>5995</b>	GVW	<b>6995</b>	County Fee	3.00	Back Tax Mos	
DL/FEID	<b>[REDACTED]</b>					Mail Fee		Credit Class	41
Date Issued	<b>12 28/2023</b>	Plate Issued	<b>12/28/2023</b>	TRANSFER:	<b>X</b>	Sales Tax		Credit Months	12
						Voluntary Fees			
						Grand Total	41.40		

**STANDARD WASTE REDUCTION LLC**  
**PO BOX 609057**  
**ORLANDO, FL 32860-9057**

**#31**

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.



Please complete the below Statement of Solid Waste Activity and return the completed form to the Solid Waste Division by one of the following options:

1. Email to: [Commercial.LicenseProgram@ocfl.net](mailto:Commercial.LicenseProgram@ocfl.net)
2. Mail to: Orange County Solid Waste Division, Attention: Commercial License, 5901 Young Pine Rd., Orlando, FL 32829
3. Hand deliver to the Landfill, Porter Transfer Station or McLeod Rd. Transfer Station

A Solid Waste Division staff member will contact you after this information is reviewed.

### Statement of Solid Waste Activity:

Company Name: STANDARD WASTE REDUCTION, LLC  
(FULL Company Name)

Mailing Address: PO Box 609057

Contact Person: Chuck Parke Phone Number: 407-399-4286

E-mail Address: Chuck@StandardWasteReduction.com

Company Website: StandardWasteReduction.com


Describe your company's waste hauling activity:

Bulk Waste removal. We pick up Junk furniture from multi-family and take to landfill.

Select one:

1. This company hauls material for hire, payment, or other consideration in unincorporated Orange County (e.g., the company collects waste from a property and is paid to haul it to the landfill or transfer station). A commercial license application will be sent to you before your Orange County solid waste disposal account can be validated.
2. This company hauls only its own waste material to the landfill or transfer station from unincorporated Orange County (e.g., a roofing company that self-hauls old roofing material from company job sites or a landscape maintenance company that self-hauls vegetative debris from properties it maintains). A commercial license is not required. Staff will contact you to confirm your exemption from needing a license.
3. This company no longer needs an account with the Orange County Solid Waste Division and requests that our account be closed.

Completed by:

Charles Parke  MGR 5-8-24  
Print Name Signature Title Date

	<b>2023</b>		<b>EXPIRES</b>	<b>9/30/2024</b>	3100-0615095
3100 GARBAGE COLLECTION	\$30.00		3 EMPLOYEES ;		

TOTAL TAX \$30.00  
 PREVIOUSLY PAID \$30.00  
 TOTAL DUE \$0.00

PARKE CHARLES R

STANDARD WASTE REDUCTION LLC  
 PARKE CHARLES R  
 P O BOX 609057  
 ORLANDO FL 32860-9057

MOBILE FROM SEMINOLE (MOBILE)  
 X - OUT OF COUNTY, 00000

PAID: \$30.00 0099-01111316 7/18/2023

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

	<b>2023</b>		<b>EXPIRES</b>	<b>9/30/2024</b>	3100-0615095
3100 GARBAGE COLLECTION	\$30.00		3 EMPLOYEES ;		

TOTAL TAX \$30.00  
 PREVIOUSLY PAID \$30.00  
 TOTAL DUE \$0.00



PARKE CHARLES R

STANDARD WASTE REDUCTION LLC  
 PARKE CHARLES R  
 P O BOX 609057  
 ORLANDO FL 32860-9057

MOBILE FROM SEMINOLE (MOBILE)  
 X - OUT OF COUNTY, 00000

PAID: \$30.00 0099-01111316 7/18/2023

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

May 1, 2024

EMAILED

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License. After the Solid Waste Division receives the completed application and requested documentation, the normal processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

Section 32-177 of the Orange County Code states that "It is unlawful for any person to collect or transport solid waste for hire or for remuneration or other consideration in any form without first being granted a commercial license."

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation must be completed and submitted:

- Completed application
- Vehicle registration(s)
- Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*).

Certificate of Insurance with:

- General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- Workers Compensation as required by Florida Statute Chapter 440
- Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss
- Description of Operations must state the following –  
Orange County is named as additional insured on liability policies
- Certificate Holder must state the following –  
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,  
Orlando, FL 32829
- Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees  
\$200.00 – 4 to 10 employees  
\$350.00 – 11 or more employees

# CERTIFICATE OF LIABILITY INSURANCE

Date  
5/28/2024

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of Information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

Insurers Affording Coverage

NAIC #

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurer A: Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

**Coverages**

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits																
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$																
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2024	01/01/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 60%;">WC Statutory Limits</td> <td style="width: 10%;"></td> <td style="width: 25%;">OTH-ER</td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits		OTH-ER		E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000
X	WC Statutory Limits		OTH-ER																			
	E.L. Each Accident		\$1,000,000																			
	E.L. Disease - Ea Employee		\$1,000,000																			
	E.L. Disease - Policy Limits		\$1,000,000																			

Other

**Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:**

Client ID: 91-67-428

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**Standard Waste Reduction, LLC**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

**Project Name:**

WAIVER OF SUBROGATION APPLIES IN FAVOR OF ORANGE COUNTY SOLID WASTE. ISSUE 05-28-24 (PH)

Begin Date: 1/29/2022

**CERTIFICATE HOLDER**

**CANCELLATION**

ORANGE COUNTY SOLID WASTE

5901 YOUNG PINE ROAD

ORLANDO, FL 32829

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ORANGE COUNTY SOLID WASTE**

**5901 YOUNG PINE ROAD  
ORLANDO, FL 32829**

**This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.**

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Insured: South East Personnel Leasing, Inc.  
Insurance Company: Lion Insurance Co.  
Policy #: WC 71949  
Effective: 01/01/2024 - 01/01/2025  
Client: Standard Waste Reduction, LLC

Countersigned by: \_\_\_\_\_



**WC 00 03 13**  
(Ed. 4-84)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2024

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).

<b>PRODUCER</b> Stah Morse & Associates 1000 Wekiva Springs Road Longwood FL 32779	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 407-869-4200      FAX (A/C, No): 407-862-7656 E-MAIL ADDRESS: certs@stahinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
License#: L004874 STANWAS-01	<b>INSURER A:</b> Scottsdale Insurance Company      NAIC # 41297 <b>INSURER B:</b> Progressive Express Insurance Company      10193 <b>INSURER C:</b> Lloyds Of London <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1888829615      **REVISION NUMBER:**

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPS7940962	2/13/2024	2/13/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	Y		03267395	2/13/2024	2/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Pollution Liability - Occ Pollution Liability - Agg			CPL00179001	5/22/2024	5/22/2025	Ded \$2,500    1,000,000 Ded \$2,500    1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Additional Insured status including Waiver of Subrogation and Primary and Non-contributory is automatically provided for Orange County Solid Waste where required by written contract subject to the provisions of endorsement GLS568 0321 for General Liability coverage.

Additional insured status including Primary and NonContributory is automatically provided for Orange County Solid Waste where required by written contract subject to the provisions of endorsement 2366 0211 for Business Auto Coverage.

<b>CERTIFICATE HOLDER</b>  Orange County Solid Waste 5901 Young Pine Road Orlando FL 32829 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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PROGRESSIVE  
PO BOX 94739  
CLEVELAND, OH 44101

**Policy Holder:**

Standard Waste Reduction LLC  
PO Box 609057  
Orlando, FL 32860

The attached endorsements listed below applies to policy number: 03267395

Form 2366 (02/11) Blanket Additional Insured Endorsement  
Form 2367 (06/10) Blanket Waiver of Subrogation Endorsement

Endorsement effective: February 13, 2024

Endorsements listed above are effective until policy cancellation date.

**Blanket Additional Insured Endorsement**

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This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Additional Insured Endorsement, **we** agree with **you** that any person or organization with whom **you** have executed a written agreement prior to any **loss** is added as an additional **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to such **additional insured** only as a person or organization liable for **your** operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional **insured**.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom **you** have executed a written agreement has other insurance under which it is the first named **insured** and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between **you** and that person or organization, signed and executed by **you** before the **bodily injury or property damage** occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the **insured** to perform work for the **insured** or on the **insured's** behalf.

**ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**



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Form 2367 (06/10)M\_CL

**Blanket Waiver of Subrogation Endorsement**

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This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If you pay the fee for this Blanket Waiver of Subrogation Endorsement, we agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any **loss**.

**ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**



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## Detail by Entity Name

Florida Limited Liability Company  
STANDARD WASTE REDUCTION, LLC

### Filing Information

<b>Document Number</b>	L01000015380
<b>FEI/EIN Number</b>	██████████
<b>Date Filed</b>	09/10/2001
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	10/04/2023

### Principal Address

5216 OLD WINTER GARDEN RD  
ORLANDO, FL 32811

Changed: 04/22/2024

### Mailing Address

P.O. BOX 609057  
ORLANDO, FL 32860

### Registered Agent Name & Address

JLW PROFESSIONAL SERVICES  
1007 TERRY DRIVE  
ALTAMONTE SPRINGS, FL 32714

Name Changed: 06/05/2020

Address Changed: 06/05/2020

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

PARKE, CHARLES R  
P.O. BOX 609057  
ORLANDO, FL 32860

Title MGR

PARKE, TERRI L  
 PO BOX 609057  
 ORLANDO, FL 32860

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2022	01/24/2022
2023	10/04/2023
2024	04/22/2024

### Document Images

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Florida Department of State, Bureau of Corporations