APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

Please Check the Services Your Company Provides:								
Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.								
X 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. Charles Parke	Manager	4498 Real Ct Orlando FL 3	2808
b. <u>Terri Parke</u> c		4498 Real Ct Orlando FL	<u>32808</u>
d			
e			
collection service in a	accordance with the	capable of rendering adequate e provisions of the County's C llection and Disposal and all	ode of Ordinances,
Y	ESX	NO	
repair and condition commercial refuse c	i, sufficient equip ollection and all s linances, Chapter 3	rns or has under its control, iment to adequately conductions the result of the result	t the business of equirements of the
Y	ESX	NO	
I have read, understa Waste Collection and	nd and am willing t Disposal Ordinance	o comply with the provisions of and all applicable rules and re	of the County's Solid egulations.
		5-7-	24
Signature of Author	ized Representative	Date	:
Title			
Home Address 4498 Re	al 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, 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
Sworn to and subscribed before me, this
MARY L. JOHNSON MARY L. JOHNSON MY COMMISSION # HIP 447696 EXPIRES: October 10, 2027
My Commission Expires: 10-10-2017

-19

NAME OF COMPANY

SERVICE INFORMATION

Please complete the following and return with the application:

•	Area(s) of Orange County you plan on servicing:										
	All of Orange County										
	We have serviced all of Orange County since 2001										
*	Number of employees: _5										
•	Number of commercial vehicles to be used in the business:4										
•	Truck numbers, tag numbers and tare weights of each vehicle:										
	TRUCK#	TAG#	TARE WEIGHT								
	25	IA93MD	5970								
	27	544RTP	5088								
	30	CF8691	5849								
	31	20CFUG	5995								
	-		:								
		-	/ 								

FLORIDA VEHICLE REGISTRATION

Expires Midnight Tue 12/31/2024 DECAL 19606450 **PLATE** CF8691 96.85 Class Code 41 COLOR WHI Reg. Tax 2001/CHEV **BODY** TK YR/MK Init. Reg. Tax Months 12 83628567 TITLE 1GCHC29G51E307058 VIN 3.00 Back Tax Mos **GVW** 7999 County Fee Plate Type RGR **NET WT** 5849 Mail Fee Credit Class Credit Months Sales Tax DL/FEID 593741967-01 Voluntary Fees Date Issued 12/15/2023 Plate Issued 8/10/2022 99.85 **Grand Total**

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

1. The Florida license plate must remain with the registrant upon sale of vehicle.

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.

 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.

 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

CO/AGY 7 / 20

T# 1747467301

B# 3691280

FLORIDA VEHICLE REGISTRATION

PLATE	544RTP	DECA	L 04082918	Expire	s Midnight lue	12/31/2024			
YR/MK VIN	2006/CHEV 1GCHC24U76	BODY	TK	COLOR TITLE	WHI 95787739	Reg. Tax Init. Reg.	139.70	Class Code Tax Months	41 24
Plate Typ		NET WT	5088	GVW	5999	County Fee Mail Fee		Back Tax Mos Credit Class	
DL/FEID Date Issu	593741967-01 and 12/21/2022	Plate Issued	5/28/2015			Sales Tax Voluntary Fees Grand Total	146.60	Credit Months	

STANDARD WASTE REDUCTION LLC 4498 REAL CT ORLANDO, FL 32808-2231

#27

RGR - FLORIDA REGULAR

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.

 I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

Truch 27

CO/AGY 7 / 19

T# 1898773345 B# 43602

FLORIDA VEHICLE REGISTRATION

PLATE	IA93MD	DECA	19606384	Expires	Midnight Tue	12/31/2024			
YR/MK VIN Plate Type	2004/CHEV 1GCHC29G44E RGR	BODY E141958 NET WT	TK 5970	COLOR TITLE GVW	BGE 132280861 7000	Reg. Tax Init. Reg. County Fee Mail Fee		Class Code Tax Months Back Tax Mos Credit Class	41 12
	593741967-01 12/15/2023	Plate Issued	7/10/2018			Sales Tax Voluntary Fees Grand Total	99,85	Credit Months	

STANDARD WASTE REDUCTION LLC

3141B SHARPE RD APOPKA, FL 32703-2104

#25

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.

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.

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

FLORIDA VEHICLE REGISTRATION DECAL 20043912 20CFUG **PLATE**

#31

Expires Midnight Tue 12 31/2024 38,40 Class Code 41 Reg. Tax BLU **COLOR** TK 2007/CHEV BODY YR/MK Tax Months 12 96597596 Init. Reg. 1GCHC39G87E119911 TITLE VIN 3.00 Back Tax Mos County Fee 6995 5995 **GVW** NET WT Plate Type RGR Credit Class 41 Mail Fee 12 Credit Months Sales Tax 593741967-01 DL/FEID Voluntary Fees TRANSFER: X Plate Issued 12/28/2023 Date Issued 12 28/2023 Grand Total 41.40

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

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.

CO AGY 7 // 19

2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.

19037986

44698

T#

B#

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
- 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)	<u> </u>
Mailing Address: PO Box 609057	
Contact Person: Chuck Parke Phone Number: 407-399-4	286
E-mail Address: Chuck OSTerdard Waste Reduction. com	
Company Website: Standard Weste Reduction. Com	
Describe your company's waste hauling activity:	
Bulk Wasterenaul. We pick up Junk furniture fre	er mult
family and Take To Londfill.	
Select one:	
1. This company hauls material for hire, payment, or other consideration in unincorp Orange County (e.g., the company collects waste from a property and is paid to ha landfill or transfer station). A commercial license application will be sent to you be Orange County solid waste disposal account can be validated.	ul it to the
2. This company hauls only its own waste material to the landfill or transfer station for unincorporated Orange County (e.g., a roofing company that self-hauls old roofing from company job sites or a landscape maintenance company that self-hauls veget debris from properties it maintains). A commercial license is not required. Staff we you to confirm your exemption from needing a license.	g material ative
3. This company no longer needs an account with the Orange County Solid Waste Direquests that our account be closed.	vision and
Completed by:	
Charles Pour Le MGR 5-8.	
Print Name Signature Title 1	Date

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2023

EXPIRES

9/30/2024

3100

GARBAGE COLLECTION

\$30.00

3 EMPLOYEES

3100-0615095

TOTAL TAX PREVIOUSLY PAID

TOTAL DUE

\$30,00 \$30.00 \$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

Local Business Tax Receipt

Orange County, Florida

Tax Collector Scott Randolph 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.

2023

EXPIRES

9/30/2024

3100-0615095

GARBAGE COLLECTION 3100

\$30.00

3 EMPLOYEES

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

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

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

SCOULD OF THE COLLEGE GRANGE COUNTY,

PARKE CHARLES R

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

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:

- [v] 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
- [i] 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

 [V] 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

_	-			_						Date
		CERTIFICATI	E OF LIAB	IL	ITY INS	URANCE				5/28/2024
Proc		Plymouth Insurance Agency 2739 U.S. Highway 19 N.			This Certificat	te is issued as a matter ne Certificate Holder. To overage afforded by the	his Certific	ate does	y and com s not ame	fers no nd, extend
Holiday, FL 34691					Insurers Affording Coverage					NAIC #
		(727) 938-5562				Lion Insurance Company		-	-	11075
Inst		South East Personnel Leasing,	Inc. & Subsidia	ries	Insurer B:	LIGHT SHISCHOOL CONTROLLY			-	
		2739 U.S. Highway 19 N.			Insurer C:				\neg	
		Holiday, FL 34691			Insurer D:					
					Insurer E:					
Cove	rages			W==		A de la constant	torm or condi	on of any	contract or o	her document
with res	spect to whi	urance listed below have been issued to the insured ich this certificate may be issued or may pertain, the nave been reduced by paid claims.	named above for the po insurance afforded by th	ne polic	ies described herei	n is subject to all the terms, ex	clusions, and	conditions	of such police	ies. Aggregate
INSR	ADDL	T	Delias Number		icy Effective	Policy Expiration			Limits	
LTR	INSRD	Type of Insurance	Policy Number	Date	(MM/DD/YY)	Date(MM/DD/YY)	Each Occur	once.		R.
		GENERAL LIABILITY Commercial General Liability							olean (EA	
		Claims Made Occur					Damage to r occurrence)	ented pren	nises (EA	\$
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		<u> </u>					Personal A	dv Injury		S
		General aggregate limit applies per:					General Agg	regate		5
		Policy Project LOC	1				Products - C	omp/Op A	99	S
-		AUTOMOBILE LIABILITY					Combined S	ingle Limit		
			1				(EA Accider	it)		\$
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		Scheduled Autos	1 1				(Per Person			B
		Hired Autos	1 1				Bodily Injury			. 1
		Non-Owned Autos	1 1				(Per Accide			-
							Property Da (Per Accide			
										9
		EXCESS/UMBRELLA LIABILITY]]				Each Occur	rence		
		Occur Claims Made	1 1				Aggregate			
		Deductible	-	_			x wcs	atru	отн-	
Α		rs Compensation and yers' Liability	WC 71949	0	1/01/2024	01/01/2025	tory Li		ER	
		rietor/partner/executive officer/member	1 1			1	E.L. Each	Accident		\$1,000,000
	excluded		1 1				E.L. Disea	se - Ea E	mployee	\$1,000,000
	If Yes, d	escribe under special provisions below.					E.L. Disea	se - Polic	cy Limits	\$1,000,000
	Other		Lion Insura	nce	Company is A	A.M. Best Company r	ated A (E	xcellen	t). AMB	# 12616
Desc	riptions	of Operations/Locations/Vehicles/E	xclusions added	by E	ndorsement/S	pecial Provisions:			Client ID:	91-67-428
Cover	age only	applies to active employee(s) of South East Po	ersonnel Leasing, Inc	. & Su	bsidiaries that ar	e leased to the following "	Client Comp	any":		
					te Reduction, L		in: Fl			
A		applies to injuries incurred by South East Pers not apply to statutory employee(s) or indepe	ndent contractor(s) (it the I	Henr Company c	r any other enuly.				
A list	of the act	ive employee(s) leased to the Client Company	can be obtained by	emaili	ng a request to o	ertificates@lioninsurancec	ompany.com	1		
	ct Name		NOT COUNTY POL	ID IAZA	OTE ICCIIENS	-28-24 (PH)				
WAIV	ER OF S	UBROGATION APPLIES IN FAVOR OF ORA	MAGE COOM I SOF	<i>₩</i>	1000E 00					
	WICKS	LOI NED		-	ANCELLATION					: 1/29/2022
CER	OR	HOLDER ANGE COUNTY SOLID WASTE		Sh	ould any of the abo	ve described policies be cance o mail 30 days written notice to	o the certificat	e holder na	amed to the le	ett, but failure to
	O.N	riiswa gwwrii - wwaiw iiriw (m		do	so shall impose no	obligation or liability of any kir	nd upon the in	surer, its a	gents or repr	esentatives.
	590	1 YOUNG PINE ROAD		Γ		Dourse	1-			
	OR	LANDO, FL 32829				y. Jonesia		-	-	



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(les) 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		CONTACT NAME:			
Stahl Morse & Associates		PHONE (A/C, No. Ext): 407-869-4200	FAX (A/C, No): 407	′-862-7656	
1000 Wekiva Springs Road Longwood FL 32779		ADDRESS: certs@stahlinsurance.com			
•		INSURER(S) AFFORDING COV	ERAGE	NAIC#	
	License#: L004874	INSURER A: Scottsdale Insurance Compan	У	41297	
INSURED	STANWAS-01				
Standard Waste Reduction, LLC		INSURER C : Lloyds Of London			
P0 Box 609057 Orlando FL 32860		INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 1888829615	REVISIO	ON NUMBER:		

COVERAGES

CERTIFICATE NUMBER: 1888829615

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.

| NSR | Type of Insurance | ADDL SUBP | POLICY NUMBER | POLICY EXP | MM/DD/YYYY) | MM/DD/YYYY) | LIMITS |
| A | X | COMMERCIAL GENERAL LIABILITY | Y | Y | CPS7940962 | 2/13/2024 | 2/13/2025 | EACH OCCURRENCE | \$1,000,000

	NSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	8
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Υ	Y	CPS7940962	2/13/2024	2/13/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	1			1 1		MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
GEN*L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
AUTOMOBILE LIABILITY	Y		03267395	2/13/2024	2/13/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO	- 1					BODILY INJURY (Per person)	\$
OWNED X SCHEDULED					BODILY INJURY (Per accident)	\$	
W HIRED W NON-OWNED	HIRED Y NON-OWNED		PROPERTY DAMAGE (Per accident)	\$			
AUTOS ONLY AUTOS CIVET							\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
DED RETENTIONS							\$
WORKERS COMPENSATION						PER OTH- STATUTE ER	
ANYDROODDICTOR/DADTNED/EVECTITIVE	[E.L. EACH ACCIDENT	\$
OFFICIER/MEMBEREXCLUDED?	N/A				1	E.L. DISEASE - EA EMPLOYEE	\$
f yes, describe under						E.L. DISEASE - POLICY LIMIT	\$
Pollution Liability - Occ Pollution Liability - Agg			CPL00179001	5/22/2024	5/22/2025	Ded \$2,500 Ded \$2,500	1,000,000 1,000,000
	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRODICT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS CLAIMS-MADE EXCESS LIAB CLAIMS-MADE WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below Pollution Liability - Occ	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRODICT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below Pollution Liability - Occ	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY WORKERS COMPENSATION NO EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREX CLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION 15 POPERATIONS below Pollution Liability - Occ	X COMMERCIAL GENERAL LIABILITY Y Y CPS7940962 CLAIMS-MADE X OCCUR GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETORPARTNER/EXECUTIVE OFFICIER/MEMBER EXCLUDED? (Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below Pollution Liability - Occ CPL00179001	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY Y Y CPS7940962 2/13/2024 GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCE LIABILITY Y 03267395 2/13/2024 AUTOMOBILE LIABILITY Y 03267395 2/13/2024 ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWN	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYY) X COMMERCIAL GENERAL LIABILITY Y CPS7940962 2/13/2024 2/13/2025 GEN*L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X NON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED	TYPE OF INSURANCE NSD WYD POLICY NUMBER MM/DD/YYYY (MM/DD/YYYY) (MM/DD/YYYY)

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.

CERTIF	CATE	HOLDER

CANCELLATION

Orange County Solid Waste 5901 Young Pine Road Orlando FL 32829 USA 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

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