



Interoffice Memorandum

February 17, 2022

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

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



**SUBJECT: BCC AGENDA ITEM - Consent Agenda
March 8, 2022 BCC Meeting
Applications for Commercial Refuse License
Contact Person: David Gregory, Manager
Solid Waste Division
407-254-9622**

The Solid Waste Division has received a commercial refuse license application from Incident Management Solutions, Inc., 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; and
- Demonstrate the service capability of vehicles and equipment.

Staff has reviewed the application and supporting documentation and determined that Incident Management Solutions, Inc. 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.

ACTION REQUESTED: Approval of commercial refuse license for Incident Management Solutions, Inc. to provide solid waste hauling services to commercial generators in Orange County for a five-year term.

All Districts.

Incident Management Solutions, Inc
(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



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

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

September 17, 2021

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. 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 ^{Lake} Orange County Business Tax Receipt (*formerly Occupational License*)

Certificate of Insurance with:

- General Liability Insurance - \$1,000,000 per occurrence
- 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 BCC is named as additional insured on all liability policies
- Certificate Holder must state the following –
Orange County Solid Waste, Attn: Tiffany Fletcher, 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

The completed application, supporting documents and payment should be mailed or delivered to:

**Orange County Solid Waste Division
Attn: Tiffany Fletcher
5901 Young Pine Road
Orlando, FL 32829**

After the items have been received, your application will be reviewed by the Solid Waste Division staff and presented to the Board of County Commissioners for review and final approval. Every five (5) years companies will be required to go back before the Board.

It is your responsibility to comply with all applicable federal, state, and county laws, rules, regulations and all amendments.

It is also your responsibility to know the requirements of the Orange County Code Chapter 32. Attached is a copy of the section referencing commercial hauling/recycling for your convenience. If you would like a complete copy of Chapter 32, you may contact the Board of County Commissioners Clerk's Office at (407) 836-7300 to request a copy be sent to you or view online at <http://library.municode.com/index.aspx?clientID=10182&stateID=9&statename=Florida>

Orange County Code includes a provision for quarterly reporting to Orange County Solid Waste.

If you have any questions, please call me at (407) 836-6641.

Sincerely,

Tiffany Fletcher

Tiffany Fletcher
Program Coordinator

See Attachments

BCC Mtg. Date: March 08, 2022

**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.
- 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: Incident Management Solutions

TRADE / FIRM NAME OF COMPANY: IMS

MAILING ADDRESS: P.O. Box 391

CITY / STATE / ZIP CODE: Minneola, FL 34755

PHONE NUMBER: 352-242-9621 FAX: 352-242-4592

CONTACT PERSON: Chrissy Walsh

E-MAIL ADDRESS: chrissy@imsfl.com

EMERGENCY PHONE NUMBER: 866-734-5796

NUMBER OF EMPLOYEES: 8

LOCATION OF EQUIPMENT:

ADDRESS: 13415 Sullivan Road

CITY / STATE / ZIP: Minneola, FL 34715

HOURS OF OPERATION: 8:00 am - 5:00 pm

DAYS OF OPERATION: Monday - 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>Judith Yeager</u>	<u>P</u>	<u>11622 Oak Breeze Ct</u> <u>Clearmont, IL 34711</u>	<u>80</u>
b. <u>David Yeager</u>	<u>VP</u>	<u>11</u> <u>Clearmont, IL 34711</u>	<u>10</u>
c. <u>Wintney Moku</u>	<u>VPST</u>	<u>1815 Kerry St.</u> <u>Munneca FL 34715</u>	<u>10</u>
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.

Wintney Moku _____ 9/17/2021 _____
 Signature of Authorized Representative Date
VPST _____
 Title

Home Address 1815 Kerry Street _____

City / State / Zip Munneca IL 34715 _____

**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 Lake

Personally appeared before me, an officer duly qualified to administer an oath in the City of Minneola, 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 Whitney Motas

Sworn to and subscribed before me, this 15th day of September, 2021

Christine Walsh
(Notary Public)
Christine Walsh

My Commission Expires: 6-24-2024



Christine A. Walsh
Notary Public
State of Florida
Comm# HH014234
Expires 6/24/2024

FLORIDA VEHICLE REGISTRATION

CO/AGY 12 / 4 T# 1569931581
B# 1318135

PLATE **P3873E** DECAL **18662559** Expires **Midnight Sat 12/31/2022**

YR/MK	2020/NTL	BODY	TK	COLOR	WHI	Reg. Tax	1,341.10	Class Code	41
VIN	[REDACTED]			TITLE	141175053	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	53200	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	-----					Mail Fee		Credit Class	
Date Issued	12/10/2021	Plate Issued	1/20/2021			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1344.10		

INCIDENT MANAGEMENT SOLUTIONS INC
PO BOX 391
MINNEOLA, FL 34755-0391

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.

TUR - TRUCKS WITH TWO PLATES

CITY OF MINNEOLA

Phone: (352)394-3598
Fax: (352)394-7201

License Id: L2200007 **Issued Date:** 08/31/21
Effective Date: 10/01/21 **Expiration Date:** 09/30/22
License Type: COMMERCIAL BUSINESS TAX

Business Name: INCIDENT MANAGEMENT SOLUTIONS
Business Location: 501 DISSTON AVE

INCIDENT MANAGEMENT SOLUTIONS,
DAVID W. YEAGER
P.O. BOX 391
MINNEOLA, FL 34755



This Business License does not permit the holder to operate in violation of any City law, ordinance or regulation. Any change in location or ownership must be approved by the city, subject to zoning restrictions. This Business License does not constitute an endorsement, approval or disapproval of the holder's skill or competence.

Christina Stidham

CITY CLERK

NON-TRANSFERABLE MUST BE DISPLAYED IN A CONSPICUOUS LOCATION AT ALL TIMES

License Id: L2200007 **Issued Date:** 08/31/21
Effective Date: 10/01/21 **Expiration Date:** 09/30/22
License Type: COMMERCIAL BUSINESS TAX

Business Name: INCIDENT MANAGEMENT SOLUTIONS
Business Location: 501 DISSTON AVE

INCIDENT MANAGEMENT SOLUTIONS,
DAVID W. YEAGER
P.O. BOX 391
MINNEOLA, FL 34755

FILE COPY

Summary of Services
Description
COMMERCIAL BUSINESS TAX



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2021

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 Bowen, Mickette & Britt of Florida, LLC 1020 N. Orlando Avenue Suite #200 Maitland FL 32751	CONTACT NAME: Tayley Abrahams PHONE (A/C, No, Ext): 407-647-1616 E-MAIL ADDRESS: tabrahams@bmbinc.com	FAX (A/C, No): 407-628-1635
	INSURER(S) AFFORDING COVERAGE	
INSURED Incident Management Holdings, Inc. IMS Consulting LLC PO Box 391 Minneola FL 34755	INCIDENTMA	INSURER A: Lloyds of London INSURER B: Auto-Owners Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 18988

COVERAGES

CERTIFICATE NUMBER: 1117315519

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.

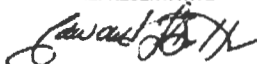
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ENC000332702	4/13/2021	4/13/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	4644409401	2/4/2021	2/4/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor's Pollution Liability	Y	Y	ENC000332702	4/13/2021	4/13/2022	1,000,000 2,000,000

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

Professional Liability
 Policy Number: ENC0003327-02
 Effective Dates: 04/13/2021 - 04/13/2022
 Lloyds of London
 Each Occurrence: \$1,000,000; Aggregate: \$2,000,000

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Orange County Solid Waste Attn: Tiffany Fletcher 5901 Young Pine Rd. Orlando FL 32829	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 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2021

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 Praxiom Risk Management, LLC 123 West Bloomingdale Ave. #300 Brandon, FL 33511 www.praxiom-rm.com	CONTACT NAME: Questco Risk Management PHONE (A/C, No. Ext): 936-521-5753 E-MAIL ADDRESS: coirequest@questco.net FAX (A/C, No.):
	INSURER(S) AFFORDING COVERAGE
INSURED Questco Holdings, Inc 480 Wildwood Forest Drive, Suite 500 The Woodlands TX 77380	INSURER A: State National Insurance Company, Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 12831

COVERAGES **CERTIFICATE NUMBER:** 65721484 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AMX-221-0001-004	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Project / Job#: Project/Job: -
 Client Name/Alt. Employer: IMS Consulting LLC Client ID #: 7638
 Main Location: 501 S. Disston Ave, Minneola, FL 34715
 Workers Compensation coverage is provided for only co-employees of, but not subcontractors to IMS Consulting LLC.

CERTIFICATE HOLDER **CANCELLATION**

Orange County Solid Waste Attn: Tiffany Fletcher 5901 Young Pine Rd. Orlando FL 32829	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 David E. Carothers <i>David E. Carothers</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



ADDITIONAL REMARKS SCHEDULE

AGENCY Bowen, Miclette & Britt of Florida, LLC		NAMED INSURED Incident Management Holdings, Inc. IMS Consulting LLC PO Box 391 Minneola FL 34755	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

available by emailing: certificates@bmbinc.com

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an Additional Insureds with respect to the General Liability, Auto Liability, and Pollution Liability as afforded by the policy and/or endorsements.

When required by written contract, a Waiver of Subrogation, with respect to the General Liability, Auto Liability, Pollution Liability, and Professional Liability is granted to those parties listed in said contract, including the Certificate Holder.

The General Liability and Pollution Liability certified herein are primary and non-contributory to other insurance available, but only to the extent required by written contract.

Certain Underwriters at Lloyds	
Unique Market Reference Bo868PFDBA1804040	
effective date of this endorsement:	policy number: ENC000332702
4/13/2021	Endorsement Number: 04
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION	

In consideration of an additional premium of \$0, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

All other terms and conditions of this Policy remain unchanged.

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):	Location(s) of Covered Operations
As required by written contract	As required by written contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Certain Underwriters at Lloyds

Unique Market Reference Bo868PFDBA1804040

effective date of this endorsement:

policy number:

ENC000332702

4/13/2021

Endorsement Number: 07

ADDITIONAL INSURED – OWNERS, LESSORS OR CONTRACTORS – COMPLETED OPERATIONS

In consideration of an additional premium of \$0, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

All other terms and conditions of this Policy remain unchanged.

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
As required by written contract	As required by written contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".