




Interoffice Memorandum

August 4, 2023

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**
August 22, 2023, 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 DisposAll, Inc., to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County, Florida.

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 DisposAll, 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, Florida, for a period of five years.

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

All Districts.

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

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: DisposAll, Inc

TRADE / FIRM NAME OF COMPANY: _____

MAILING ADDRESS: P.O. Box 161417

CITY / STATE / ZIP CODE: Altamonte Springs, FL 32716

PHONE NUMBER: 407-389-8000 FAX: 407-862-1887

CONTACT PERSON: MaryLou Calabrese / Eddie Chiarì

E-MAIL ADDRESS: marylou@refusemgmt.com

EMERGENCY PHONE NUMBER: 407-402-9284

NUMBER OF EMPLOYEES: 45

LOCATION OF EQUIPMENT:

ADDRESS: 3941 Bryn Mawr Street

CITY / STATE / ZIP: Orlando, FL 32808

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

DAYS OF OPERATION: Monday - Saturday

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. | Eugene Calabrese, | President | | 100% |
| b. | Paula Calabrese, | VP | | |
| 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.


Signature of Authorized Representative

06/23/2023
Date

Title

Home Address

3941 Bryn Mawr Street

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 Eduardo Chins

Sworn to and subscribed before me, this 13th day of July, 2023

Paula Calabrese
(Notary Public)

Paula Calabrese

My Commission Expires:



Paula Calabrese
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG959812
Expires 2/19/2024

Disposal, Inc.
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

- ♦ Number of employees: 45

- ♦ Number of commercial vehicles to be used in the business: 14

- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

| <u>TRUCK #</u> | <u>TAG #</u> | <u>TARE WEIGHT</u> |
|----------------|---------------|--------------------|
| <u>358</u> | <u>P4556E</u> | <u>27,140</u> |
| <u>359</u> | <u>P4555E</u> | <u>27,140</u> |
| <u>177</u> | <u>P4552E</u> | <u>27,560</u> |
| <u>178</u> | <u>P4558E</u> | <u>27,560</u> |
| <u>179</u> | <u>P4557E</u> | <u>26,720</u> |
| <u>180</u> | <u>P0680G</u> | <u>24,740</u> |
| <u>182</u> | <u>P4554E</u> | <u>28,640</u> |
| <u>183</u> | <u>P7327G</u> | <u>27,200</u> |
| <u>184</u> | <u>P7329G</u> | <u>27,200</u> |

Disposal, Inc.
NAME OF COMPANY

SERVICE INFORMATION

Please complete the following and return with the application:

- ♦ Area(s) of Orange County you plan on servicing:

- ♦ Number of employees: _____

- ♦ Number of commercial vehicles to be used in the business: _____

- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

| <u>TRUCK #</u> | <u>TAG #</u> | <u>TARE WEIGHT</u> |
|----------------|---------------|--------------------|
| <u>101</u> | <u>P4551E</u> | <u>28,640</u> |
| <u>701</u> | <u>P6171G</u> | <u>22,500</u> |
| <u>155</u> | <u>P0860G</u> | <u>25,120</u> |
| <u>164</u> | <u>P8981E</u> | <u>25,200</u> |
| <u>165</u> | <u>N3856X</u> | <u>25,200</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FLORIDA COMMERCIAL AUTO INSURANCE

IDENTIFICATION CARD

Insurance Company & Toll-Free Number:
Clear Blue Insurance Company
787-339-2100

NAIC #: 28860
Policy Number Effective Date Expiration Date

AQ1VFL001850-02 12/06/2022 12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY
☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)
2017 MACK GU812 [REDACTED]

Insured:
Disposal Inc
P O Box 161417
Altamonte Springs, FL 32716

Agent & Phone Number:
LassiterWare, LLC
1300 N. Westshore Boulevard
Tampa, FL 33607
8006458437

11/23/23

C C 7 N N A A 2 A A D P A A L U 1 1 T 8

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 3

T# 1738974249
B# 1358793

PLATE **P4556E** DECAL **18888083** Expires **Midnight Sun 12/31/2023**

| | | | | | | | | | |
|-------------|------------|--------------|------------|-------|-----------|----------------|--------|---------------|----|
| YR/MK | 2017/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 935.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 126353563 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 27140 | GVW | 65000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | - | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 938.10 | | |

11/23/23

IMPORTANT INFORMATION

- 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.
- 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.

DISPOSALL, INC.
PO BOX 161417
ALTAMONTE SPRINGS, FL 32716-1417

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FLORIDA COMMERCIAL AUTO INSURANCE

IDENTIFICATION CARD

Insurance Company & Toll-Free Number:

Clear Blue Insurance Company

787-339-2100

NAIC #: 28860

Policy Number

Effective Date

Expiration Date

AQ1YFL001850-02

12/06/2022

12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE
LIABILITY

☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)

2017 MACK GU814

Insured:

Disposall Inc

P O Box 161417

Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC

1300 N. Westshore Boulevard

Tampa, FL 33607

8008458437

14#359

CO/AGY 17 / 3

T# 1738974635
B# 1358793

FLORIDA VEHICLE REGISTRATION

PLATE **P4555E** DECAL **18888132** Expires **Midnight Sun 12/31/2023**

| | | | | | | | | | |
|-------------|-----------|--------------|------------|-------|-----------|----------------|--------|---------------|----|
| YR/MK | 2017/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 935.10 | Class Code | 41 |
| VIN | | | | TITLE | 126354210 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 27140 | GVW | 55000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | - | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 938.10 | | |

14#359

DISPOSALL, INC.
PO BOX 161417
ALTAMONTE SPRINGS, FL 32716-1417

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

Q FL-LIA 05 15

FLORIDA COMMERCIAL AUTO INSURANCE

IDENTIFICATION CARD

Insurance Company & Toll-Free Number:

Clear Blue Insurance Company

787-339-2100

NAIC #: 28860

Policy Number

Effective Date

Expiration Date

AQ1YFL001850-02

12/06/2022

12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)

2016 MACK GU713

Insured:

Disposall Inc

P O Box 161417

Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC

1300 N. Westshore Boulevard

Tampa, FL 33607

8008458437

TV#1177

CO/AGY 17 / 3

T# 1738970773

B# 1358793

FLORIDA VEHICLE REGISTRATION

PLATE **P4552E** DECAL **18887637** Expires **Midnight Sun 12/31/2023**

| | | | | | | | | | |
|-------------|-----------|--------------|------------|---------|-----------|----------------|----------|---------------|----|
| YR/MK | 2016/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | | | | TITLE | 120807604 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 27560 | GVW | 66000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | | | | 2ND DL# | 177 | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

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

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

Insurance Company & Toll-Free Number:
Clear Blue Insurance Company
787-339-2100

NAIC #: 28860
Policy Number Effective Date Expiration Date

AQ1YFL001850-02 12/06/2022 12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE
LIABILITY

☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)

2016 MACK GU713

Insured:

Disposall Inc
P O Box 161417
Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC
1300 N. Westshore Boulevard
Tampa, FL 33607
8008458437

14#179

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 3

T# 1738971333
B# 1358793

PLATE **P4558E** DECAL **18887710** Expires **Midnight Sun 12/31/2023**

YR/MK **2016/MACK** BODY **TK**
VIN **[REDACTED]**
Plate Type **TUR** NET WT **27560**

COLOR **WHI**
TITLE **120607918**
GVW **66000**

DL/FEID **[REDACTED]**
Date Issued **12/1/2022** Plate Issued **12/17/2020**

2ND DL# **178**

| | | | |
|----------------|----------|---------------|----|
| Reg. Tax | 1,099.10 | Class Code | 41 |
| Init. Reg. | | Tax Months | 12 |
| County Fee | 3.00 | Back Tax Mos | |
| Mail Fee | | Credit Class | |
| Sales Tax | | Credit Months | |
| Voluntary Fees | | | |
| Grand Total | 1102.10 | | |

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.

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

Insurance Company & Toll-Free Number:
Clear Blue Insurance Company
787-339-2100

NAIC #: 28860
Policy Number Effective Date Expiration Date

AQ1YFL001850-02 12/06/2022 12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE
LIABILITY
☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)

2017 MACK GU713 [REDACTED]

Insured:

Disposall Inc
P O Box 161417
Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC
1300 N. Westshore Boulevard
Tampa, FL 33607
8008458437

TX# 179

CO/AGY 17 / 3 T# 1738973027
B# 1358793

FLORIDA VEHICLE REGISTRATION

PLATE **P4557E** DECAL **18887904** Expires **Midnight Sun 12/31/2023**

| | | | | | | | | | |
|-------------|------------|--------------|------------|-------|-----------|----------------|----------|---------------|----|
| YR/MK | 2017/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 125902247 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 26720 | GVW | 66000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | [REDACTED] | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

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.

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

TUR - TRUCKS WITH TWO PLATES

| FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Insurance Company & Toll-Free Number: Clear Blue Insurance Company 787-339-2100 | |
| NAIC #: 28860 | Effective Date |
| Policy Number | Expiration Date |
| AQ1YFL001850-02 | 12/06/2022 |
| | 12/06/2023 |
| <input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY | |
| Covered Vehicle (Year, Make & Model, VIN) 2019 MACK GU713 [REDACTED] | |
| Insured: Disposall Inc P O Box 161417 Altamonte Springs, FL 32716 | |
| Agent & Phone Number: LassiterWare, LLC 1300 N. Westshore Boulevard Tampa, FL 33607 8008458437 | |

File 187

CO/AGY 17 / 3

TW 1738973891
B# 1358793

FLORIDA VEHICLE REGISTRATION

PLATE P4554E DECAL 18888036 Expires Midnight Sun 12/31/2023

| | | | | | | | | | |
|-------------|------------|--------------|------------|---------|-----------|----------------|----------|---------------|----|
| YR/MK | 2019/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 131887603 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 28640 | GVW | 64000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | | | | 2ND DL# | 182 | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

DISPOSALL, INC. OF POLK
540 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714-0312

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.

FLORIDA COMMERCIAL AUTO INSURANCE

IDENTIFICATION CARD

Insurance Company & Toll-Free Number:

Clear Blue Insurance Company
787-339-2100

NAIC #: 28860

Policy Number

Effective Date

Expiration Date

AQ1YFL001850-02

12/06/2022

12/06/2023

☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY LIABILITY

Covered Vehicle (Year, Make & Model, VIN)

2023 Mack GR64B

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Insured:

Disposall Inc
P O Box 161417
Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC
1300 N. Westshore Boulevard
Tampa, FL 33607
8008458437

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CO/AGY 17 / 3 T# 1738975463
B# 1358793

FLORIDA VEHICLE REGISTRATION

PLATE **P7329G** DECAL **18888227** Expires **Midnight Sun 12/31/2023**

| | | | | | | | | | |
|-------------|------------|--------------|----------|-------|-----------|----------------|----------|---------------|----|
| YR/MK | 2023/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 147319916 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 27200 | GVW | 64000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | [REDACTED] | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 7/7/2022 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

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

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.



101

Mail To:

WASTE NOT INC
3941 BRYN MAWR STREET
ORLANDO, FL 32808

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 3

T# 1739302677

B# 1358900

PLATE P4551E DECAL 18925288 Expires Midnight Sun 12/31/2023

| | | | | | | | | | |
|-------------|------------|--------------|------------|-------|-----------|----------------|----------|---------------|----|
| YR/MK | 2019/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 131886834 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 28640 | GVW | 66000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | [REDACTED] | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/2/2022 | Plate Issued | 12/17/2020 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

101

WASTE NOT INC
3941 BRYN MAWR STREET
ORLANDO, FL 32808

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



Q FL-LIA 05 15

| FLORIDA COMMERCIAL AUTO INSURANCE | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| IDENTIFICATION CARD | |
| Insurance Company & Toll-Free Number: Clear Blue Insurance Company 787-339-2100 | |
| NAIC #: 28860 | Effective Date |
| Policy Number | Expiration Date |
| AQ1YFL003076-00 | 12/06/2022 |
| | 12/06/2023 |
| <input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY | |
| Covered Vehicle (Year, Make & Model, VIN) 2005 PETERBILT 357 [REDACTED] | |
| Insured: Envirowaste LLC 6897 County Road 795 Live Oak, FL 32060 | |
| Agent & Phone Number: LassiterWare, LLC 1300 N. Westshore Boulevard Tampa, FL 33607 8008458437 | |

Track

CO/AGY 17 / 3

T# 1749457439
B# 1362527

FLORIDA VEHICLE REGISTRATION

PLATE P6171G DECAL 19948850 Expires Midnight Sun 12/31/2023

| | | | | | | | | | |
|-------------|------------|--------------|-----------|-------|----------|----------------|----------|---------------|----|
| YR/MK | 2005/PTRB | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 92185491 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 22500 | GVW | 62000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | - | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/27/2022 | Plate Issued | 5/18/2022 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

Truck 701

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.

ENVIROWASTE, LLC
PO BOX 161417
ALTAMONTE SPRINGS, FL 32716-1417

TUR - TRUCKS WITH TWO PLATES

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

Insurance Company & Toll-Free Number:
Clear Blue Insurance Company
787-339-2100

NAIC #: 28860

Policy Number

Effective Date

Expiration Date

AQ1YFL001850-02

12/06/2022

12/06/2023

☒ **PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE
LIABILITY**

☒ **BODILY INJURY LIABILITY**

Covered Vehicle (Year, Make & Model, VIN)

2001 PETERBUILT 378 ~~XXXXXXXXXXXX~~

Insured:

Disposall Inc
P O Box 161417
Altamonte Springs, FL 32716

Agent & Phone Number:

LassiterWare, LLC
1300 N. Westshore Boulevard
Tampa, FL 33607
8008458437

TK#155

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 3

T# 1738969999

B# 1358793

PLATE P0860G DECAL 18887555 Expires Midnight Sun 12/31/2023

| | | | | | | | | | |
|-------------|-----------|--------------|------------|-------|----------|----------------|----------|---------------|----|
| YR/MK | 2001/PTRB | BODY | TK | COLOR | WHI | Reg. Tax | 1,099.10 | Class Code | 41 |
| VIN | | | | TITLE | 84623219 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 25120 | GVW | 84000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | | | | | | Mail Fee | | Credit Class | |
| Date Issued | 12/1/2022 | Plate Issued | 12/20/2021 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1102.10 | | |

TK#155

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

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.

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: **Clear Blue Insurance Company** 28860

POLICY #: **AQ1YFL001850-01** EFFECTIVE DATE: **12/6/2021**

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED INSURED: **DisposAll, Inc.**

ADDRESS: **3941 Bryn Mawr Street**
(OPTIONAL) **Orlando**

FL 32808

YEAR: **2004** MAKE/MODEL: **Mack** **CV500/700**

VEHICLE ID #: **[REDACTED]**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

TIC 164

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 3

T# 1558376009
B# 1302539

PLATE **P8981E** DECAL **17711808** Expires **Midnight Sat 12/31/2022**

| | | | | | | | | | |
|-------------|-------------------|--------------|-------------------|---------|-----------------|----------------|-----------------|---------------|-----------|
| YR/MK | 2004/MACK | BODY | TK | COLOR | WHI | Reg. Tax | 1,377.10 | Class Code | 41 |
| VIN | [REDACTED] | | | TITLE | 90443768 | Init. Reg. | | Tax Months | 12 |
| Plate Type | TUR | NET WT | 25200 | GVW | 65000 | County Fee | 3.00 | Back Tax Mos | |
| DL/FEID | [REDACTED] | | | 2ND DL# | 164 | Mail Fee | | Credit Class | |
| Date Issued | 11/18/2021 | Plate Issued | 11/18/2021 | | | Sales Tax | | Credit Months | |
| | | | | | | Voluntary Fees | | | |
| | | | | | | Grand Total | 1380.10 | | |

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

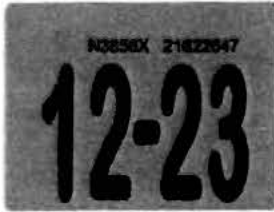
IMPORTANT INFORMATION

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 PLATE ISSUED X

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.



Mail To:
DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4653

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 17 / 3

FLORIDA VEHICLE REGISTRATION

| | | | | | | |
|--------------------|------------------|---------------------|-------------------|----------------|--------------------------------|-----------------------|
| PLATE | N3856X | DECAL | 21622647 | Expires | Midnight Sun 12/31/2023 | |
| YR/MK | 2005/MACK | BODY | TK | COLOR | WHI | Reg. Tax |
| VIN | | | | TITLE | 91259758 | Init. Reg. |
| Plate Type | TUR | NET WT | 26500 | GVW | 65000 | County Fee |
| DL/FEID | | | | 2ND DL# | 165 | Mail Fee |
| Date Issued | 7/21/2023 | Plate Issued | 12/31/2015 | | | Sales Tax |
| | | | | | | Voluntary Fees |
| | | | | | | Grand Total |

DISPOSALL INC
3941 BRYN MAWR ST
ORLANDO, FL 32808-4853

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2023

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 LassiterWare LLC 1300 N. Westshore Blvd. Suite 110 Tampa FL 33607 | | CONTACT NAME: Wendy Tyree PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL: wendyt@lassiterware.com FAX (A/C, No): (888) 883-8680 | |
| INSURED DisposAll, Inc. Refuse Management, Inc. P.O. Box 161417 Altamonte Springs FL 32716 | | INSURER(S) AFFORDING COVERAGE INSURER A: Axis Surplus Insurance Co INSURER B: Clear Blue Insurance Company INSURER C: QBE Insurance Corporation INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 26620 28860 39217 | |

COVERAGES

CERTIFICATE NUMBER: 22-23 Cert

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollution Liability <input checked="" type="checkbox"/> Transportation Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | SP004705022022 | 12/06/2022 | 12/06/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | AQ1YFL001850-02 | 12/06/2022 | 12/06/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000 |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | SX004706022022 (Excess GL) | 12/06/2022 | 12/06/2023 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 |
| | 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 <input type="checkbox"/> | N/A | QWC3001330 | 10/24/2022 | 10/24/2023 | <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 |
| A | Professional Liability (Claims-Made) Limits Included with General Liability | | | SP004705022022 | 12/06/2022 | 12/06/2023 | Each Claim \$1,000,000 Aggregate \$2,000,000 |

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

Orange County Florida is included as additional insured under the terms and conditions of the attached forms on the General Liability, Contractors Pollution Liability and Automobile Liability policies when additional insured status is required by written contract.

CERTIFICATE HOLDER

CANCELLATION

| | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Orange County Florida c/o Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Road 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 |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

| | | | |
|----------------------------|-----------|----------------------------------|--|
| AGENCY LassiterWare LLC | | NAMED INSURED DisposAll, Inc. | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

*Excess Liability extends over the underlying General Liability policy per the terms and conditions of the policy.

All supporting endorsement(s) and policy form(s) attached, if any, comprise the Certificate of Liability Insurance in its entirety. Please review these endorsement(s) and policy form(s) as certain coverage provided by them may only apply when a written contract or agreement between the parties requires such coverage be provided.

The attached page(s) noting additional terms, conditions, coverage and/or comments applies.

Endorsement No. 11

Effective Date: 12/06/2022 @ 12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: SP004705-02-2022

Insured Name: DisposAll, Inc.

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium:

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SPECIALTY PACKAGE POLICY

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|
| Where required by written contract in force prior to any claim. | All Projects/Locations |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section III – 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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Endorsement No. 12

Effective Date: 12/06/2022 @12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: SP004705-02-2022

Insured Name: DisposAll, Inc.

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium: \$0

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

SPECIALTY PACKAGE POLICY

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location And Description Of Completed Operations |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Where required by written contract in force prior to any claim. | All Projects/Locations |
| | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section III – 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**.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section IV – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Endorsement No. 5

Effective Date: 12/06/2022 @ 12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: SP004705-02-2022

Insured Name: DisposAll, Inc.

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium:

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

**ADDITIONAL INSURED -
INCLUDING COMPLETED OPERATIONS ENDORSEMENT
FOR GENERAL LIABILITY & POLLUTION COVERAGES**

THIS ENDORSEMENT MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the Specialty Package Policy

In consideration of the premium charged, it is agreed that Section III - WHO IS AN INSURED is amended to include as an Additional Insured the person or organization shown in the schedule below as respects Coverages A, B and D, but only to the extent of liability arising out of **Your Work** or **Covered Operations** performed by you or on your behalf for that Additional Insured and not caused by or arising out of any actual or alleged independent liability of said Additional Insured.

This endorsement does not apply to **Bodily Injury, Property Damage** or **Loss** arising out of defects in design furnished by the Additional Insured.

This endorsement does not increase the Company's Limits of Insurance as specified in the Declarations of this Policy.

Additional Insured:

Where required by written contract in force prior to any Claim

All other terms and conditions of the Policy shall apply and remain unchanged.

Clear Blue Insurance Company

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM

THIS ENDORSEMENT, EFFECTIVE ON 12/6/2022 AT 12:01 A.M. STANDARD TIME,
FORMS A PART OF POLICY NUMBER AQ1YFL001850-02 OF Clear Blue Insurance
Company ISSUED TO Disposall Inc

IT IS UNDERSTOOD AND AGREED THAT THE FOLLOWING IS ADDED AS AN
ADDITIONAL INSURED HEREUNDER BUT ONLY AS RESPECTS LIABILITY
ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED, AND THAT
THE INCLUSION OF SUCH ADDITIONAL INSURED SHALL NOT SERVE TO
INCREASE THE COMPANY'S LIMIT OF LIABILITY AS SPECIFIED IN THE
DECLARATIONS OF THIS POLICY. THIS ENDORSEMENT APPLIES TO
ADDITIONAL INSUREDS ADDED, AS REQUIRED BY WRITTEN CONTRACT,
PRIOR TO THE OCCURRENCE OF ANY LOSSES.

BLANKET AS REQUIRED BY WRITTEN CONTRACT

Downtown Motor Vehicle Office Expansion: We're expanding our Downtown Orlando office at 301 South Rosalind Ave. to meet the needs of our growing community. The office will temporarily close to the public at the end of business on June 29.



Business Tax Search & Payment

Business Tax Search

[Search Again \(Search.aspx\)](#)

Business Tax Receipt ID: 1037728

Location Address: 3941 BRYN MAWR ST Mailing Address: DISPOSALL INC

Business: DISPOSALL INC CALABRESE EUGENE

New Business Date: 03/26/2007 P O BOX 161417

Application Date: 03/26/2007 ALTAMONTE SPRINGS, FL 32716-1417

Out of Business Date:

2022 Account Number: 3100-1037728

| Category Type | Display Name | Units | Tax | Exempt | Total Fees | Total Paid | Total Amt Due |
|-----------------|---------------|-------|---------|--------|------------|------------|---------------|
| 3100 | WASTE HAULING | 24 | \$50.00 | \$0.00 | \$12.50 | \$62.50 | \$0.00 |
| Total For 2022: | | | \$50.00 | \$0.00 | \$0.00 | \$62.50 | \$0.00 |

This Business Tax Receipt ID has been paid in full

SUBSCRIBE TO OUR NEWSLETTER

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