

**Earth Haul LLC**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

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

- ☒ Application for commercial hauler license

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

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

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

- ☒ Orange County shall be named as an additional insured & certificate holder on all liability policies.
- ☒ General Liability – in an amount not less than \$1,000,000 per occurrence
- N/A 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: Earth Haul LLC

(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: Earth Haul LLC

MAILING ADDRESS: 306 Lynwell Dr Orlando Fl. 32809

OFFICE PHONE NUMBER: 407-448-1499

Fax Number: \_\_\_\_\_

COMPANY WEBSITE: www.earthhaul.com

CONTACT NAME(S): Curtis Walker

CONTACT PHONE: 407-864-8844

E-MAIL ADDRESS: cwalker@earthhaul.com

(Additional Commercial Hauler License Contacts / Email Addresses listed here or on a separate sheet)

EMERGENCY NUMBER: 407-864-8844

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 6050 S Semoran Blvd

CITY / STATE / ZIP: Orlando Fl 32822

HOURS OF OPERATION: 7am-5pm

DAYS OF OPERATION: Monday thru Saturday

<p style="text-align: center;"><b>APPLICATION FOR COMMERCIAL REFUSE LICENSE</b> <b>COUNTY OF ORANGE, FLORIDA</b></p>
--

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.

	<b>Name</b>	<b>Office Held</b>	<b>Permanent Address</b>	<b>% Owned</b>
a.	Curtis walker	President	306 Lynwell Dr Orlando FL 32822	100%
b.	_____			
c.	_____			
d.	_____			
e.	_____			

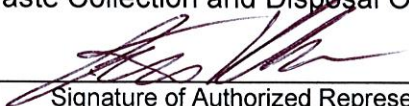
I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES X                      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 X                      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.

	<u>11/13/24</u>
Signature of Authorized Representative	Date

President \_\_\_\_\_  
Title

Home Address 306 Lynwell Dr

City / State/ Zip Orlando FL 32809

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

**AFFIDAVIT**

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

STATE OF Florida

COUNTY OF orange

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

Signature of Applicant [Signature]

Sworn to and subscribed before me, this 13 day of November, 2024



Notary Seal Above

Pamela Wolgramm  
(Notary Public)

Pamela Wolgramm

My Commission Expires: 03-31-2025

NAME OF COMPANY

Please complete the following and return with the application:

- ALL

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

TARE WEIGHT

~~CW-51~~ 50

49EQWM

13,000

CW ~~50~~ 51

48EQWM

13,000



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

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

EMAILED

Greetings:

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

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

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

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

Certificate of Insurance with:

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

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

# FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 1

T# 2040647597  
B# 4496592

PLATE **49EQWM** DECAL **18116788** Expires **Midnight Wed 12/31/2025**

YR/MK	<b>2017/FRHT</b>	BODY	<b>TK</b>	COLOR	<b>WHI</b>	Reg. Tax	319.02	Class Code	41
VIN	<b>3ALACWDT3HDHV3700</b>			TITLE	<b>156819376</b>	Init. Reg.		Tax Months	13
Plate Type	<b>RGS</b>	NET WT	<b>16000</b>	GVW	<b>25900</b>	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	<b>11/7/2024</b>	Plate Issued	<b>11/7/2024</b>			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	322.02		

**EARTH HAUL LLC**  
**306 LYNWELL DR**  
**ORLANDO, FL 32809-3008**

## 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.

**RGS - SUNSHINE STATE PLATE ISSUED X**

# FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 1

T# 2040644113  
B# 4496592

PLATE **48EQWM** DECAL **18116233** Expires **Midnight Wed 12/31/2025**

YR/MK	<b>2018/FRHT</b>	BODY	<b>TK</b>	COLOR	<b>YEL</b>	Reg. Tax	319.02	Class Code	41
VIN	<b>3ALACWFC2JDJH5262</b>			TITLE	<b>156819289</b>	Init. Reg.		Tax Months	13
Plate Type	<b>RGS</b>	NET WT	<b>15000</b>	GVW	<b>25900</b>	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	<b>11/7/2024</b>	Plate Issued	<b>11/7/2024</b>			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	<u>322.02</u>		

**EARTH HAUL LLC**  
**306 LYNWELL DR**  
**ORLANDO, FL 32809-3008**

## IMPORTANT INFORMATION

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

**RGS - SUNSHINE STATE PLATE ISSUED X**



2024 EXPIRES 9/30/2025  
3100 DUMPSTER RENTAL \$30.00 1 EMPLOYEE

3100-1249085

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

WALKER CURTIS F JR

EARTH HAUL LLC  
WALKER CURTIS F JR  
306 LYNWELL DR  
EDGEWOOD FL 32809

306 LYNWELL DR (MOBILE)  
N - EDGEWOOD, 32809

PAID: \$30.00 0113-10239729 11/13/2024

## Tax Collector Scott Randolph

## Local Business Tax Receipt

Orange County, Florida

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

2024 EXPIRES 9/30/2025  
3100 DUMPSTER RENTAL \$30.00 1 EMPLOYEE

3100-1249085

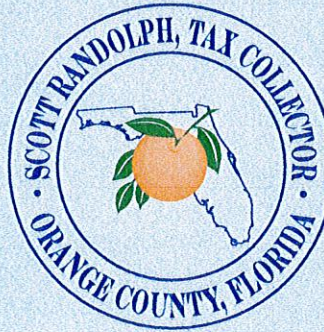
TOTAL TAX \$30.00  
PREVIOUSLY PAID \$30.00  
TOTAL DUE \$0.00

WALKER CURTIS F JR

EARTH HAUL LLC  
WALKER CURTIS F JR  
306 LYNWELL DR  
EDGEWOOD FL 32809

306 LYNWELL DR (MOBILE)  
N - EDGEWOOD, 32809

PAID: \$30.00 0113-10239729 11/13/2024



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.



CURTIS WALKER  
(407)448-1499

**CITY OF EDGEWOOD**  
LOCAL BUSINESS TAX RECEIPT

No: 2392

405 BAGSHAW WAY, EDGEWOOD FL 32809-3406  
LICENSE YEAR: OCT 1, 2024- SEPTEMBER 30, 2025

Date: 11/11/24

Address: 306 LYNWELL DR  
EDGEWOOD FL 32809  
Activity: ADMINISTRATIVE OFFICE



BUS TAX 39.69  
PENALTY  
TRANSFER

**Total Paid 39.69**

Issued to: EARTH HAUL, LLC  
CURTIS WALKER  
306 LYNWELL DR  
EDGEWOOD FL 32809

Dec. 20% 0.00  
Jan. 25% 0.00

A

MUST BE POSTED CONSPICUOUSLY AT PLACE OF BUSINESS

*Sandra Riffle*  
Sandra Riffle, CBTO City Clerk





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2024

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

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

<b>PRODUCER</b> Kelly White & Associates Insurance, LLC 1622 Hickman Road  Jacksonville FL 32216		<b>CONTACT NAME:</b> HOUSE <b>PHONE (A/C, No, Ext):</b> 904-880-8881 <b>E-MAIL ADDRESS:</b> kelly@kwhiteinsurance.com <b>FAX (A/C, No):</b>	
<b>INSURED</b>  Earth Haul, LLC 306 Lynwell Dr  Orlando FL 32809		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State National Insurance Co., Inc <b>INSURER B:</b> <b>INSURER C:</b> State National Insurance Co., Inc <b>INSURER D:</b> <b>INSURER E:</b> Ironshore Specialty Insurance Company <b>INSURER F:</b>	
		<b>NAIC #</b> 12831 12831 22838	

**COVERAGES****CERTIFICATE NUMBER:** EART24112609071513**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NXTRKYHLWD-00-GL	11/08/2024	11/08/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		NXTRKYHLWD-00-GL	11/08/2024	11/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		ICELLUW00162316	11/15/2024	11/15/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Each Occurrence \$1,000,000 Policy Aggregate \$1,000,000

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

Orange County, Florida c/o Solid Waste Division is an additional insured for General Liability with respects to insureds operations, as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Orange County Florida, C/O Solid Waste Division 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 
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AGENCY CUSTOMER ID: \_\_\_\_\_  
 LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Kelly White & Associates Insurance, LLC		NAMED INSURED Earth Haul, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE: 11/15/2024	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

No	Description	Quantity	Unit Price Exc Tax	Net Price	Amount
ROT-15V-STD FL	ROT15-0TC-Standard-FL	5	\$3,400.00	\$3,400.00	\$17,000.00
Serial# 018786, 018785, 018784, 018783, 018782	15 YD Open Top Roll-off Container- Tub Style - 15ft skid - 3/16" floor - 10 Gauge sides- 18" Centers on Cross-members 6" x 2" x 3/16" floor Sills- 4"x 3" x 3/16" Top Rail - HD Parts				
ROT-20Y-STD FL	ROT-20-Standard-FL	10	\$3,850.00	\$3850.00	\$38,500.00
Serial# 018781, 018780, 018779, 018778, 018777, 018776, 018775, 018774, 018773, 018772	Roll Off 20 OTC - Standard Open Top Roll-off Container- Tub Style - 20ft skid - 3/16 " Floor 10 Gauge Sided- 18" Centers on Cross-members - 6 x 2- K 3/16" Floor Sills - 4"ll 3' x 3/16" Top				
RO - FBED-1/4-22 FL	Flatbed - Roll Off Body- 1/4"		\$4,200.00	\$4,200.00	\$4,200.00
Serial # 018871	Roll-off Flat Bed I 22' x W 97" (90" floor plus stake pockets-3") x H 4ft -1/4" gauge floor - 10 gauge front headboard- 6" x 2- x 1/4- Rails - 3" channel cross-members on 12- centers - r				





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 BIBERK PO Box 3300 Wilkes-Barre PA 18773 United States	CONTACT NAME: PHONE (A/C. No. Ext): 844-472-0967 FAX (A/C. No): 203-654-3613 E-MAIL ADDRESS: CustomerService@biBERK.com
INSURED Earth Haul LLC 306 Lynwell Dr Orlando FL 32809 United States	INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10391

## COVERAGES

CERTIFICATE NUMBER:

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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY  ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			0051581-01-CA	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$750,000.00 BODILY INJURY (Per Person) \$N/A BODILY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB EXCESS LAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$

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

See schedule of covered autos attached

## CERTIFICATE HOLDER

Orange County Florida,  
c/o Solid Waste Division  
5901 Young Pine Road  
Orlando, FL 32829

## CANCELLATION

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

ACORD 25 (2014/01)

M-5652 (07/2015)

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# SCHEDULE OF COVERED AUTOS

M-4959a (03/2024)

POLICY NUMBER: 0051581-01-CA

EFFECTIVE DATE: 11/01/2024

NAMED INSURED: Earth Haut LLC

Veh #	Year	Use (C, S or R)	GVWt or Seating Capacity	Premiums							Physical Damage			
	Make	Radius		Liab	UM/UIM	No-Fault	Med Pay	Addl Insd	In-Tow	Other	Limit Stated Amount or ACV	S C	Spec Causes Comprehensive	Collision
	Model	Garaging Territory											Premium	Premium
	VIN	Garaging City, State											Deduct	Deduct
1	2018 FREIGHTLINER M2 3ALACWFC2JDJH6262	BusinessUse 51 to 100 miles  Orlando, FL	26000	\$8,631	\$2,147.00	\$333.00	\$0	\$0	\$0		\$59,925	C	\$714 \$2,500	\$1,268 \$2,500
2	2017 FREIGHTLINER M2 3ALACWDT3HDHV3700	BusinessUse 51 to 100 miles  Orlando, FL	26000	\$8,418	\$2,147.00	\$333.00	\$0	\$0	\$0		\$62,045	C	\$684 \$2,500	\$1,259 \$2,500
Premium for Endorsements														