

TNA Grapple Service LLC
(NAME OF COMPANY)

CHECKLIST FOR A COMMERCIAL REFUSE LICENSE

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

- Application for commercial hauler license

Service information to include the following data:

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

Certificate of Insurance issued to Orange County showing:

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

Orange County Local Business Tax Receipt

- Orange County 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: TNA GRAPPLE SERVICE LLC.
(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: _____

MAILING ADDRESS: 2029 TILLMAN AVE, WINTER GARDEN, FL 34787

OFFICE PHONE NUMBER: 407-378-3018 Fax Number: _____

COMPANY WEBSITE: TNAGRAPPLESERVICE.COM

CONTACT NAME(S): JASON ZIMMERMAN

CONTACT PHONE: 407-468-5794

E-MAIL ADDRESS: JASON@TNAGRAPPLESERVICE.COM

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

EMERGENCY NUMBER: 407-468-5794

NUMBER OF EMPLOYEES: 6

LOCATION OF EQUIPMENT:

ADDRESS: 5350 N. PINE HILL ROAD

CITY / STATE / ZIP: ORLANDO, FL 32808

HOURS OF OPERATION: 7AM - 5PM

DAYS OF OPERATION: EXCEPT 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.	JASO ZIMMERMAN	OWNER	2029 TILLMAN, W.G., FL 34787	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 *B* 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 *B* 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.

 Jas Zimmerman 12-30-25
 Signature of Authorized Representative Date

 OWNER / MANAGER
 Title

Home Address 2029 TILLMAN AVE

City / State / Zip WINTER GARDEN, FL 34787

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

AFFIDAVIT

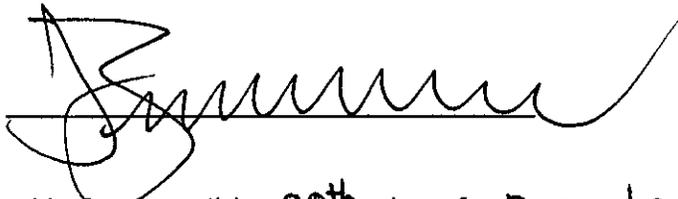
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Florida

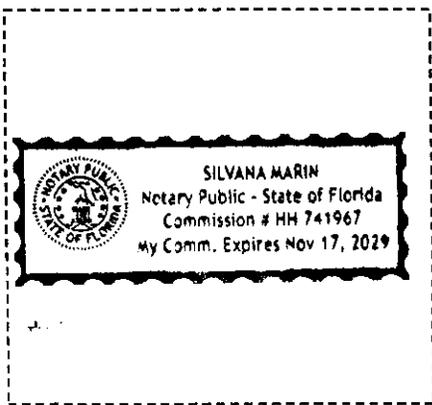
COUNTY OF Orange

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



Sworn to and subscribed before me, this 30th day of December, 2025



Notary Seal Above

Silvana Marin

(Notary Public)

My Commission Expires: November 17, 2029

TNA Grapple Service LLC.

NAME OF COMPANY

SERVICE INFORMATION

Please complete the following and return with the application:

- ◆ Area(s) of Orange County you plan on servicing:
TNA Grapple Service LLC. would like to opportunity to support it's
commercial customers throughout Orange County as needs arise.

- ◆ Number of employees: 6

- ◆ Number of commercial vehicles to be used in the business: 6

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

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>1</u>	<u>P8948F</u>	<u>39000</u>
<u>2</u>	<u>P7763I</u>	<u>38000</u>
<u>27</u>	<u>75CEQJ</u>	<u>44000 (Includes trailer)</u>
<u>68</u>	<u>RZNC89</u>	<u>25000</u>
<u>75</u>	<u>RZNC88</u>	<u>41000</u>
<u>107</u>	<u>38CEBG</u>	<u>48000 (Includes trailer)</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

CO/AGY 7 / 2

T# 2196943545
B# 3011387

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE **RZNC89** DECAL **17196307** Expires **Midnight Thu 12/31/2026**

YR/MK	2005/MACK	BODY	TR	COLOR	WHI	Reg. Tax	935.10	Class Code	41
VIN	1M2AG11C95M026803			TITLE	155245185	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	15000	GVW	58000	County Fee	3.00	Back Tax Mos	
DL/FEID	[REDACTED]					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	10/15/2024			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	938.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

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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

CO/AGY 7 / 2

T# 2196936587
B# 3011387

FLORIDA VEHICLE REGISTRATION

PLATE **P8948F** DECAL **17195258** Expires **Midnight Thu 12/31/2026**

YR/MK	2007//ITNL	BODY	TK	COLOR	WHI	Reg. Tax	1,341.10	Class Code	41
VIN	1HTWYSBT47J426170			TITLE	145941022	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	35000	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	3/8/2022			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1344.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVENUE
WINTER GARDEN, FL 34787

1

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.

TUR - TRUCKS WITH TWO PLATES

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE **RZNC88** DECAL **17195709** Expires **Midnight Thu 12/31/2026**

YR/MK	2005/MACK	BODY	TR	COLOR	RED	Reg. Tax	1,341.10	Class Code	41
VIN	1M2AG11C05M027516			TITLE	156512396	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	30000	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	XXXXXXXXXX					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	10/15/2024			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1344.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

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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

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE **38CEBG** DECAL **17196113** Expires **Midnight Thu 12/31/2026**

YR/MK	2007/MACK	BODY	TR	COLOR	RED	Reg. Tax	1,341.10	Class Code	41
VIN	1M2AT04C97M002375			TITLE	144497039	Init. Reg.		Tax Months	12
Plate Type	RGR	NET WT	24080	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	XXXXXXXXXX					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	7/31/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1344.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

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IMPORTANT INFORMATION

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3. Your registration must be updated to your new address within 30 days of moving.
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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.

RGR - FLORIDA REGULAR

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE **75CEQJ** DECAL **17195929** Expires **Midnight Thu 12/31/2026**

YR/MK	2010/MACK	BODY	TR	COLOR	RED	Reg. Tax	1,341.10	Class Code	41
VIN	1M2AX04C8AM007868			TITLE	102429424	Init. Reg.		Tax Months	12
Plate Type	RGR	NET WT	24640	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	[REDACTED]					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	7/31/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1344.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

2

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.

RGR - FLORIDA REGULAR

FLORIDA VEHICLE REGISTRATION

PLATE **P7763I** DECAL **17195463** Expires **Midnight Thu 12/31/2026**

YR/MK	2005/MACK	BODY	TK	COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
VIN	1M2AG11C15M016265			TITLE	148495458	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	16000	GVW	70000	County Fee	3.00	Back Tax Mos	
DL/FEID	[REDACTED]01					Mail Fee		Credit Class	
Date Issued	10/14/2025	Plate Issued	12/1/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1102.10		

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

2

IMPORTANT INFORMATION

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TUR - TRUCKS WITH TWO PLATES

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2026

EXPIRES SEPTEMBER 30, 2026

3100-1233915

3100 DEBRIS/WASTE REMOVAL \$30.00

4 EMPLOYEE(S)

TOTAL TAX \$ 34.50
PREVIOUSLY PAID \$ 34.50
TOTAL DUE \$ 0.00

I4 TECH SUPPORT LLC

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

2029 TILLMAN AVE
U - WINTER GARDEN - 34787

Paid \$ 34.50 INT-26-00162352 11/12/2025

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

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

2026

EXPIRES SEPTEMBER 30, 2026

3100-1233915

3100 DEBRIS/WASTE REMOVAL \$30.00

4 EMPLOYEE(S)

TOTAL TAX \$ 34.50
PREVIOUSLY PAID \$ 34.50
TOTAL DUE \$ 0.00



I4 TECH SUPPORT LLC

TNA GRAPPLE SERVICE LLC
2029 TILLMAN AVE
WINTER GARDEN, FL 34787

2029 TILLMAN AVE
U - WINTER GARDEN - 34787

Paid \$ 34.50 INT-26-00162352 11/12/2025

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/24/2025

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 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 LRA Insurance P.O. Box 948173 Maitland FL 32794		CONTACT NAME: Danielle Coggon PHONE (A/C, No, Ext): (407) 838-3445 E-MAIL ADDRESS: dcoggon@lrainsurance.com FAX (A/C, No): (407) 838-3460															
INSURED TNA Grapple Service, LLC 2029 Tillman Avenue Winter Garden FL 34787		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER B: Key Risk Insurance Company</td> <td>10885</td> </tr> <tr> <td>INSURER C: FFVA Mutual Insurance Co.</td> <td>10385</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nautilus Insurance Company	17370	INSURER B: Key Risk Insurance Company	10885	INSURER C: FFVA Mutual Insurance Co.	10385	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 25/26

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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ECP2042455-11	1/15/2025	1/15/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution Liability \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		BAP204242011	1/15/2025	1/15/2026	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 type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In Nh) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC840-0808679-2025A	1/15/2025	1/15/2026	<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)

Pollution Liability - ECP2042455-11 - Nautilus Insurance Company - 01/15/2025-01/15/2026 - Each Pollution Condition \$2,000,000 Certificate holder is included as additional insured with respects to the General Liability and Auto Liability coverage where 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 John Lumbra/DCOGGE 
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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 processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

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

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

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

Certificate of Insurance with:

- General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- Workers Compensation as required by Florida Statute Chapter 440
- Pollution Legal Liability (also referred to as Commercial Auto CA 9948 OR Contractors Pollution Liability) with limits of no 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