

**Scrap Systems Inc**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

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

- ☒ Application for commercial hauler license

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

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

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

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

**Orange County Local Business Tax Receipt**

- ☒ (formerly called Occupational License)

**License Fee:**

- ☐ \$ 25.00      3 or less employees
- ☐ \$200.00      4 to 10 employees
- ☒ \$350.00      11 or more employees

# 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: SCRAP SYSTEMS INC

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

TRADE / D.B.A. NAME: SAME

MAILING ADDRESS: PO BOX 555996 ~ ORLANDO FL 32855

OFFICE PHONE NUMBER: 407-843-9406 Fax Number: 407\*843\*9698

COMPANY WEBSITE: WWW.SCRAPSYSTEMS.NET

CONTACT NAME(S): Michael Slick Leigh

CONTACT PHONE: (407) 468-9935

E-MAIL ADDRESS: RECYCLE@SCRAPSYSTEMS.NET

DONOVAN LEIGH DONOVAN@SCRAPSYSTEMS.NET

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

EMERGENCY NUMBER: 407-628-3401

NUMBER OF EMPLOYEES: 24

LOCATION OF EQUIPMENT:

ADDRESS: 2600 OLD WINTER GARDEN ROAD

CITY / STATE / ZIP: ORLANDO FL 32805

HOURS OF OPERATION: 8:00-5:00 M-F 9:00-1:00 SAT

DAYS OF OPERATION: 5 1/2

## 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.	MICHAEL LEIGH	PRESIDENT	5662 PINEROCK ROAD ORLANDO 32810	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 ☒ \_\_\_\_\_ 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

10/23/2024

\_\_\_\_\_  
Date

PRESIDENT

\_\_\_\_\_  
Title

Home Address 5662 PINEROCK ROAD

City / State/ Zip ORLANDO FL 32810

**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

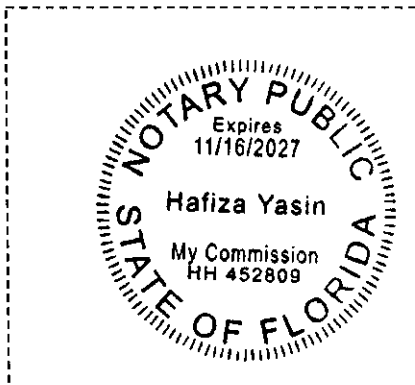
COUNTY OF ORANGE

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

  
MICHAEL D. LEIGH, SR.

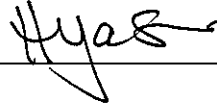
Sworn to and subscribed before me, this 23<sup>rd</sup> day of OCTOBER, 2024



*Notary Seal Above*

HAFIZA YASIN

(Notary Public)



My Commission Expires: 11/16/2027

**SERVICE INFORMATION**

Please complete the following and return with the application:

- ♦ Area(s) of Orange County you plan on servicing:  
PROVIDE CONTAINERS FOR GENERAL WASTE IN ALL AREAS OF  
~~ORANGE COUNTY NOT UNDER THE FRANCHISE SYSTEM~~

- ♦ Number of employees: 24

- ♦ Number of commercial vehicles to be used in the business: 76

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

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>SSR-14</u>	<u>P9664E</u>	<u>33940 *</u>
<u>SSR-13</u>	<u>P7023B</u>	<u>33000 *</u>
<u>SSR-12</u>	<u>P3830B</u>	<u>32100 *</u>
<u>SSR-11</u>	<u>P5663B</u>	<u>33140 *</u>
<u>SSR-10</u>	<u>N2114Z</u>	<u>33400 *</u>
<u>SSR-3</u>	<u>N5568V P0433K</u>	<u>32800 *</u>
<u>SDB-8</u>	<u>N5567V</u>	<u>18740 **</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>* W/EMPTY 20YD</u>	<u>** W/EMPTY 6YD</u>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2024

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).

PRODUCER	CONTACT NAME: FrankCrum Certificate Department	
	PHONE (A/C, No, Ext): (800) 277-1620 X 4800	FAX (A/C, No): (727) 797-0704
FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	E-MAIL ADDRESS: certs@frankcrum.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Frank Winston Crum Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURED	INSURER E:	
	INSURER F:	
	NAIC# 11600	
FrankCrum L/C/F Scrap Systems Inc. 100 South Missouri Avenue Clearwater, FL 33756		

## COVERAGES

CERTIFICATE NUMBER:

1138819

REVISION NUMBER:

2

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC202400000	01/01/2024	01/01/2025	X PER STATUTE	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)

Effective 06/01/2011, coverage is for 100% of the employees of FrankCrum leased to Scrap Systems Inc. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

## CERTIFICATE HOLDER

## CANCELLATION

Orange County 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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2024

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).

**PRODUCER**

FrankCrum Insurance Agency, Inc.  
100 South Missouri Avenue  
Clearwater, FL 33756

**INSURED**

FrankCrum L/C/F Scrap Systems Inc.  
100 South Missouri Avenue  
Clearwater, FL 33756

CONTACT NAME: FrankCrum Certificate Department

PHONE: (800) 277-1620 X 4800

FAX: (727) 797-0704

E-MAIL ADDRESS: certs@frankcrum.com

**INSURERS(S) AFFORDING COVERAGE****NAIC#**

INSURER A: Frank Winston Crum Insurance Company

11600

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 1300128

REVISION NUMBER: 1

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$
	<input type="checkbox"/> OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE UNIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					X PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>	N/A	WC202500000	01/01/2025	01/01/2026	E.L. EACH ACCIDENT \$1,000,000
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Effective 06/01/2011, coverage is for 100% of the employees of FrankCrum leased to Scrap Systems Inc. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

**CERTIFICATE HOLDER****CANCELLATION**

Orange County 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**



SCRASYS-02

REYNOLDSMA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2024

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(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  
Insurance Office of America  
1855 West State Road 434  
Longwood, FL 32750

CONTACT NAME: Mallory Reynolds

PHONE (A/C, No, Ext): (407) 998-4134

FAX (A/C, No):

E-MAIL ADDRESS: mallory.reynolds@ioausa.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Lloyd's Syndicate 2623/623 (Beazley Furlonge Ltd)

INSURER B: Clear Blue Insurance Company

28860

INSURER C: The Ohio Casualty Insurance Company

24074

INSURER D:

INSURER E:

INSURER F:

INSURED  
  
Scrap Systems, Inc.  
2600 Old Winter Garden Rd  
Orlando, FL 32805

## 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollutio	X		ENF001150401	7/6/2024	7/6/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TRANSPORTATION \$ 1,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		AQ1YFL00349101	7/6/2024	7/6/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Equipment Floater			BMO67631791	5/1/2024	5/1/2025	Leased/Rented 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Orange County BCC is is additional insured as respects to all liability policies when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Orange County 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

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 07/06/2024 AT 12:01 A.M. STANDARD TIME, FORMS A PART OF POLICY NUMBER AQ1YFL00349101 OF Clear Blue Insurance Company ISSUED TO Scrap Systems 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

**\$100.00 FULLY EARNED FLAT CHARGE**

Clear Blue Insurance Company

## **WAIVER OF SUBROGATION 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 07/06/2024 AT 12:01 A.M. STANDARD TIME,  
FORMS A PART OF POLICY NUMBER AQ1YFL00349101 OF Clear Blue Insurance  
Company ISSUED TO Scrap Systems Inc.

IT IS AGREED THAT THE COMPANY RECOGNIZES THE VALIDITY OF ANY  
WAIVER OF SUBROGATION WHICH MIGHT ARISE BY REASON OF ANY  
PAYMENT UNDER THIS POLICY IN CONNECTION WITH THE OPERATION OF  
ANY INSURED AUTOMOBILE, IF SUCH WAIVER WAS EXECUTED BY NAMED  
INSURED, AS REQUIRED BY WRITTEN CONTRACT, IN WRITING PRIOR TO  
THE OCCURRENCE OF ANY LOSS.

BLANKET AS REQUIRED BY WRITTEN CONTRACT

**\$100.00 FULLY EARNED FLAT CHARGE**

Effective Date: 7/6/2024

PolicyNumber: ENF001150401

Endorsement Number:

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

In consideration of a premium change of , this endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

All other terms and conditions of this Policy remain unchanged.

**SCHEDULE**

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

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

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

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

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

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

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

Effective Date: 7/6/2024	PolicyNumber: ENF001150401
	Endorsement Number:

**ADDITIONAL INSURED – OWNERS, LESSORS OR CONTRACTORS – COMPLETED OPERATIONS**

In consideration of a premium change of , this endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

All other terms and conditions of this Policy remain unchanged.

**SCHEDULE**

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

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

Effective Date: 7/6/2024	PolicyNumber: ENF001150401
	Endorsement Number: 3
PRIMARY/NON-CONTRIBUTORY – OTHER INSURANCE CONDITION	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

All other terms and conditions of this Policy remain unchanged.

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**SCHEDULE:**

Specific Entity to Schedule if required –  
Where required by written contract.

Effective Date: 7/6/2024	PolicyNumber: ENF001150401
	Endorsement Number:

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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY

---

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

All other terms and conditions of this Policy remain unchanged.

**SCHEDULE**

**Name of Person or Organization:**

where required by written contract

**All Person(s) Or Organization(s) where this endorsement is required by contract.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

2024  
2402 RECYCLER-STATIONARY \$100.00

EXPIRES 9/30/2025

3502 WHOLESALE-SCRAP MET \$30.00

2402-1084996  
6 EMPLOYEES

TOTAL TAX \$130.00  
REGULATED WASTE \$50.00  
PREVIOUSLY PAID \$180.00  
TOTAL DUE \$0.00

LEIGH MICHAEL D

SCRAP SYSTEMS INC  
LEIGH MICHAEL D  
P O BOX 555996  
ORLANDO FL 32855-5996

2600 OLD WINTER GARDEN RD  
U - ORLANDO, 32805

\* PAID: \$180.00 0098-01160667 7/16/2024

### 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 other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2024  
2402 RECYCLER-STATIONARY \$100.00

EXPIRES 9/30/2025

3502 WHOLESALE-SCRAP MET \$30.00

2402-1084996  
6 EMPLOYEES

TOTAL TAX \$130.00  
REGULATED WASTE \$50.00  
PREVIOUSLY PAID \$180.00  
TOTAL DUE \$0.00



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SCRAP SYSTEMS INC  
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P O BOX 555996  
ORLANDO FL 32855-5996

2600 OLD WINTER GARDEN RD  
U - ORLANDO, 32805

PAID: \$180.00 0098-01160667 7/16/2024

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.



## 2025 Florida Annual Resale Certificate for Sales Tax

DR-13  
R. 10/24

This Certificate Expires on December 31, 2025

Business Name and Location Address

Certificate Number

SCRAP SYSTEMS INC  
2600 W WASHINGTON ST  
ORLANDO, FL 32805-1133

58-8012310292-5

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property, or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Re-rental as commercial real property
- Incorporation into tangible personal property being repaired
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing

Your *Florida Annual Resale Certificate for Sales Tax* (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You **may not** use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

**As a seller**, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

1. Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
3. Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

**Online:** Visit [floridarevenue.com/taxes/certificates](http://floridarevenue.com/taxes/certificates)

**Phone:** 877-357-3725 and enter your customer's Annual Resale Certificate number

**Mobile App:** Available for iPhone, iPad, and Android devices



**Certificate of Registration  
Secondary Metals Recycler**

**DR-11S  
R. 01/18**

**Issued Pursuant to Chapter 538, Florida Statutes**

**Certificate #:** 58-8012310292-5

**Effective Date:** 08/19/24

**Expiration Date:** 09/30/25

SCRAP SYSTEMS INC  
PO BOX 555996  
ORLANDO FL 32855-5996

**Location address:**

2600 W WASHINGTON ST  
ORLANDO FL 32805-1133

# 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:  
SCRAP SYSTEMS, INC  
2600 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

# 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 32339. Surrendering the plate will prevent your driving privilege from being suspended.

# FLORIDA VEHICLE REGISTRATION

PLATE	N2114Z	DECAL	18727241	Expires	Midnight Wed 12/31/2025	CO/AGY	7 / 19	T#	2046105405
YR/MK	2018/KW	BODY	TK	COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
VIN	1NKZX4EXTJ180782	TTITLE	GVW	70000	127425247	Init. Reg.	3.00	Tax Months	12
Plate Type	TUR	NET WT	20377			County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2024	Plate Issued	6/7/2017			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1102.10		

SCRAP SYSTEMS, INC  
2600 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

SSR 10

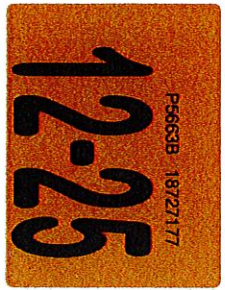
TUR - TRUCKS WITH TWO PLATES

# 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.

# IMPORTANT INFORMATION

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Mail To:  
**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

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

PLATE **P5663B** DECAL **18727177** Expires **Midnight Wed 12/31/2025**

CO/AGY 7 / 19 T# 2046104845

B# 72476

YR/MK **2019/MACK** BODY **TK**  
 VIN **1M2GR2GC6KM004240**  
 Plate Type **TUR** NET WT **28640**  
 DL/FEID **~~596300669907~~**  
 Date Issued **11/19/2024** Plate Issued **2/6/2019**

COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
TITLE	133805545	Init. Reg.		Tax Months	
GVW	64000	County Fee	3.00	Back Tax Mos	12
		Mail Fee		Credit Class	
		Sales Tax		Credit Months	
		Voluntary Fees			
		Grand Total	1102.10		

**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

### IMPORTANT INFORMATION

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**SSR 11**

**TUR - TRUCKS WITH TWO PLATES**

MYFLORIDA.COM

12-25

P0433K 18727091



P0433K

TK

# FLORIDA VEHICLE REGISTRATION

PLATE P0433K DECAL 18727091 Expires Midnight Wed 12/31/2025

YR/MK	2005/STEM	BODY	TK	COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
VIN	2FZHAZCG05AN69197	NET WT	26600	TITLE	91490287	Int. Reg.		Tax Months	
Plate Type	TUR			GVW	70000	County Fee	3.00	Back Tax Mos	12

DL/FEID ~~XXXXXXXXXX~~  
Date Issued 11/19/2024 Plate Issued 11/19/2024

CO/AGY 7 / 19 T# 2046103793

B# 72476

## IMPORTANT INFORMATION

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SCRAP SYSTEMS INC  
PO BOX 555996  
ORLANDO, FL 32855-5996

55R3

TUR - TRUCKS WITH TWO PLATES PLATE ISSUED X

# IMPORTANT INFORMATION

- INSTRUCTIONS FOR ATTACHING DECAL**
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Mail To:  
**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

## FLORIDA VEHICLE REGISTRATION

PLATE **P9664E** DECAL **18726940** Expires **Midnight Wed 12/31/2025**

CO/AGY 7 / 19 T# 2046102135  
 B# 72476

YR/MK **2022/FRHT** BODY **TK** COLOR **WHI** WHI **142943415** Class Code **41**  
 VIN **3ALHG3FM8NDMZA122** TITLE **66000** Tax Months **12**  
 Plate Type **TUR** NET WT **18921** GVV  
 DL/FEID **99626999401**  
 Date Issued **11/19/2024** Plate Issued **6/8/2021**

Reg. Tax **1,099.10** Credit Months  
 Init. Reg. Tax Months  
 County Fee **3.00** Credit Months  
 Mail Fee  
 Sales Tax  
 Voluntary Fees  
 Grand Total **1102.10**

**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

**SSR 14**

### IMPORTANT INFORMATION

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**TUR - TRUCKS WITH TWO PLATES**

## MTRF-S020K

1. Clean area where new annual decal is to be affixed.
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**Mail To:**  
**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

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## FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 19 T# 20458666681

PLATE	P7023B	DECAL	18697331	Expires	Midnight Wed 12/31/2025
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YR/MK	2019/MACK	BODY	TK
VIN	1M2GR2GC8KM008824		
Plate Type	TUR	NET WT	28640

COLOR	WHI
TITLE	134824042
GVW	64000

DL/FEID ~~99220000101~~  
Date Issued 11/19/2024 Plate Issued 5/13/2019

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

## IMPORTANT INFORMATION

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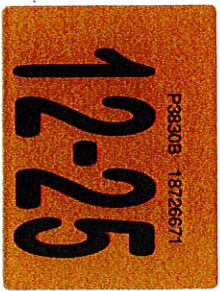
**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

55R13

## TUR - TRUCKS WITH TWO PLATES

# IMPORTANT INFORMATION

- INSTRUCTIONS FOR ATTACHING DECAL**
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Mail To:  
**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

## FLORIDA VEHICLE REGISTRATION

PLATE **P3830B** DECAL **18726671** Expires **Midnight Wed 12/31/2025**

CO/AGY 7 / 19 T# 204609465  
 B# 72476

YR/MK **2007/FRHT** BODY **TK** COLOR **WHI** WHI **95772231** 41  
 VIN **1FVHC3DC67HX25490** TITLE **66000** 12  
 Plate Type **TUR** NET WT **16529** GVW  
 DL/FEID **5600000000000000**  
 Date Issued **11/19/2024** Plate Issued **4/3/2019**

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

**SCRAP SYSTEMS INC**  
**PO BOX 555996**  
**ORLANDO, FL 32855-5996**

**SSR 12**

### IMPORTANT INFORMATION

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**TUR - TRUCKS WITH TWO PLATES**



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
- ☒ 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