



Interoffice Memorandum

September 27, 2021

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

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

A handwritten signature in black ink, appearing to read "Ed Torres", with a long, sweeping horizontal stroke extending to the right.

**SUBJECT: BCC AGENDA ITEM - Consent Agenda
October 12, 2021 BCC Meeting
Application for Commercial Refuse License
Contact Person: David Gregory, Manager
Solid Waste Division
407-254-9622**

The Solid Waste Division received a commercial refuse license application from Weaver & Sons Enterprise, LLC dba Central Florida Dumpsters, to provide solid waste hauling services to multi-family, construction and demolition, and other commercial solid waste generators in Orange County.

Section 32-178 of the Orange County Code requires that the applicant,

- Provide ownership information and corporate fictitious name,
- Purchase and maintain required insurance, and
- Demonstrate the service capability of vehicles and equipment.

Staff has reviewed the application and supporting documentation and determined that Weaver & Sons Enterprise, LLC dba Central Florida Dumpsters meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five-years.

Action Requested: Approval of commercial refuse license for Weaver & Sons Enterprise, LLC dba Central Florida Dumpsters to provide solid waste hauling services to commercial generators in Orange County.

All Districts.

Weaver & Sons Enterprise, LLC dba Central Florida Dumpsters
(NAME OF COMPANY)

CHECKLIST FOR A COMMERCIAL HAULER 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



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

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

June 16, 2021

EMAILED

Greetings:

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

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

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

☒ Completed application

☒ Vehicle registration(s)

☒ Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*)

Certificate of Insurance with:

☒ General Liability Insurance - \$1,000,000 per occurrence

☒ Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident

☒ Workers Compensation as required by Florida Statute Chapter 440

☒ Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss

☒ Description of Operations must state the following –
Orange County BCC is named as additional insured on all liability policies

☒ Certificate Holder must state the following –
Orange County Solid Waste, Attn: Tiffany Fletcher, 5901 Young Pine Rd.,
Orlando, FL 32829

☒ Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees

\$200.00 – 4 to 10 employees

\$350.00 – 11 or more employees

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

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

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

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

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

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

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

Sincerely,

Tiffany Fletcher

Tiffany Fletcher
Program Coordinator

See Attachments

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: Weaver & Sons Enterprise, LLC

TRADE / FIRM NAME OF COMPANY: Central Florida Dumpsters

MAILING ADDRESS: 13255 Lake Butler Blvd

CITY / STATE / ZIP CODE: Winter Garden , FL 34787

PHONE NUMBER: 407-770-8042 FAX:

CONTACT PERSON: Jonathan Weaver

E-MAIL ADDRESS: Weaver7739@yahoo.com

EMERGENCY PHONE NUMBER: 904-304-3083

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 6827 Partridge Lane

CITY / STATE / ZIP: Orlando, FL 32807

HOURS OF OPERATION: ____7am-5pm

DAYS OF OPERATION: __Monday- Friday

APPLICATION FOR COMMERCIAL REFUSE LICENSE

COUNTY OF ORANGE, FLORIDA

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	Name	Office Held	Permanent Address	% Owned
a.	N/A			
b.				
c.				
d.				
e.				

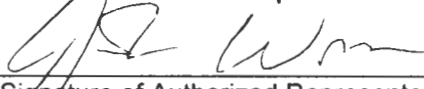
I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

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.

	7-14-21
Signature of Authorized Representative	Date
Owner	
Title	

Home Address 13255 Lake Butler Blvd

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.

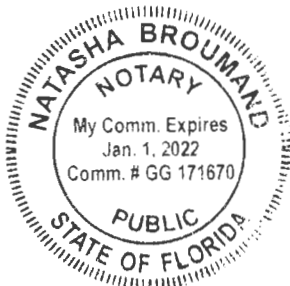
Signature of Applicant [Signature]

Sworn to and subscribed before me, this 29 day of June, 2021

(Notary Public)

Natasha Broumand

My Commission Expires: January 1, 2022



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:

WEAVER & SONS ENTERPRISE LLC
13255 LAKE BUTLER BLVD
WINTER GARDEN, FL 34787-5450

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 7 / 2

T# 1490446801

B# 2306446

PLATE **P9500D** DECAL **20291939** Expires **Midnight Fri 12/31/2021**

YR/MK	2006/MACK	BODY	TK	COLOR	WHI	Reg. Tax	428.77	Class Code	41
VIN				TITLE	95443591	Init. Reg.		Tax Months	5
	TUR	NET WT	26500	GVW	60000	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/9/2021	Plate Issued	7/9/2021			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	431.77		

WEAVER & SONS ENTERPRISE LLC
13255 LAKE BUTLER BLVD
WINTER GARDEN, FL 34787-5450

IMPORTANT INFORMATION

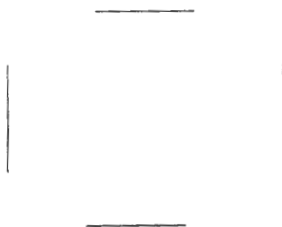
1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are 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

12.11.21

INSTRUCTIONS FOR ATTACHING DECAL

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WINTER GARDEN, FL 34787-5450

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FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 2 T# 1490440521
 B# 2306432

PLATE **P4073F** DECAL **20291895** Expires **Midnight Fri 12/31/2021**

YR/MK	2007/MACK	BODY	TK	COLOR	WHI	Reg. Tax	428.77	Class Code	41
VIN	[REDACTED]			TITLE	95985450	Init. Reg.		Tax Months	5
Plate Type	TUR	NET WT	27500	GVW	60000	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/9/2021	Plate Issued	7/9/2021			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	431.77		

WEAVER & SONS ENTERPRISE LLC
13255 LAKE BUTLER BLVD
WINTER GARDEN, FL 34787-5450

IMPORTANT INFORMATION

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TUR - TRUCKS WITH TWO PLATES PLATE ISSUED X

E. L. ...

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WINTER GARDEN, FL 34787-5450

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FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 2 T# 1490444073
 B# 2306440

PLATE **P9494D** DECAL **20291919** Expires **Midnight Fri 12/31/2021**

YR/MK	2003/INTL	BODY	DP	COLOR	WHI	Reg. Tax	497.10	Class Code	41
VIN	1			TITLE	90273492	Init. Reg.		Tax Months	5
Plate Type	TUR	NET WT	27240	GVW	62000	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/9/2021	Plate Issued	7/9/2021			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	500.10		

WEAVER & SONS ENTERPRISE LLC
13255 LAKE BUTLER BLVD
WINTER GARDEN, FL 34787-5450

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TUR - TRUCKS WITH TWO PLATES PLATE ISSUED X

12.1.2021



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.**

2020**EXPIRES****9/30/2021****3100-1226144**

3100 HAULING WASTE

\$15.00

3 EMPLOYEES

TOTAL TAX
PREVIOUSLY PAID
TOTAL DUE

\$15.00

\$15.00

\$0.00



WEAVER JOHNATHAN

WEAVER & SONS ENTERPRISE LLC
WEAVER JOHNATHAN
13255 LAKE BUTLER BLVD
WINTER GARDEN FL 34787

6827 PATRIDGE LN
U - ORLANDO, 32807

PAID: \$15.00 2006-07101078 7/1/2021

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.

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.

2021**EXPIRES****9/30/2022**

3100-1226144

3100 HAULING WASTE

\$30.00

3 EMPLOYEES

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

6827 PATRIDGE LN
U - ORLANDO, 32807

PAID: \$30.00 2006-07101077 7/1/2021



WEAVER JOHNATHAN

WEAVER & SONS ENTERPRISE LLC
WEAVER JOHNATHAN
13255 LAKE BUTLER BLVD
WINTER GARDEN FL 34787

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.

octaxcol.com |    octaxcol



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/26/2021

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

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

PRODUCER
RRL Insurance Agency
4450 W. Eau Gallie Blvd., Suite 115
Melbourne FL 32934

CONTACT
NAME: Tara Carney
PHONE (A/C, No, Ext): 800-407-4077 FAX (A/C, No): 321-752-7980
E-MAIL ADDRESS: tcarney@rrl-ins.com

License#: L089001
WEEK&WE-01

INSURED
Weaver & Sons Enterprises LLC DBA Central Florida Dumpsters
13255 Lake Butler Blvd
Winter Garden FL 34787

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Security National Insurance Co	19879
INSURER B : Hudson Specialty Insurance Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 569140992

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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SES178035102	8/28/2021	8/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		GTU000626-01	8/28/2021	8/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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 \$

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

ORANGE COUNTY BCC IS NAMED AS ADDITIONAL INSURED ON ALL LIABILITY POLICIES. POLLUTION LIAB BROAD COVERAGE FOR COVERED AUTOS PER FORM CA 99 48 (03-06) Limit 1,000,000

CERTIFICATE HOLDER

Orange County Solid Waste Division
Attn: Tiffany Fletcher
5901 Young Pine Road
Orlando FL 32829-0000

CANCELLATION 30

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

Paul

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MARKEL INSURANCE COMPANY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

Issued June 21, 2021

Standard

1. The Insured's Name and Mailing Address:

Weaver and Sons Enterprise LLC
13255 Lake Butler Blvd
Winter Garden, FL 34787-5450

NCCI Carrier Code: 22616

Policy Number: MWC0188145-01

Renewal of Policy:

Fein # / Risk ID # 871035513

For complete named insured: See Attached Named Insured Schedule
Other work place not shown above See Attached Location Schedule

SIC CODE: 4953

Type of entity: Limited Liability Company

2. The policy period is from 07/01/2021 to 07/01/2022 [12:01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers

Compensation Law of the states listed here: FLORIDA

B. Employers Liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A.

The limits of our liability under Part Two are:

Bodily Injury by accident:	\$ 100,000	each accident
Bodily Injury by disease:	\$ 500,000	policy limit
Bodily Injury by disease:	\$ 100,000	each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV and WI

D. This policy includes these endorsements and schedules: See Attached Schedule of Schedules and Endorsements

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Attached Schedule of Classification and Premium Detail				
	Premium for Increased Limits Part Two			\$0.00
	Total Premium Subject to Experience Modification			\$8,908.00
	Total Estimated Standard Premium			\$8,908.00
	Premium Discount, if applicable			\$0.00
	Expense Constant Charge			\$160.00
	Terrorism Insurance			\$15.00
	Total Estimated Annual Premium			\$9,083.00
	Audit Noncompliance Charge			\$0.00
	Florida FWCIGA Assessment			\$0.00
	Total Amount			\$9,083.00

Minimum Premium: \$ 766.00

Deposit Premium:

Producer: AP Intego Insurance Group LLC

Countersigned By:

Servicing Office:

Date: 06/21/2021

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY

WC 00 00 01A



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