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**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** Certificate of Public Convenience and Necessity

**DEPARTMENT:** Environmental Services

**DIVISION:** Solid Waste Management

**AUTHORIZED BY:** John Cirello

**CONTACT:** David Gregory

**EXT:** 2022

**MOTION/RECOMMENDATION:**

Approve and authorize the Chairman to execute Certificate of Public Convenience and Necessity for the following companies.

1. 4 Jays – Management, Inc.
2. A & F Waste Services, Inc.
3. RMD Americas of Florida, LLC
4. USA Services of Florida, Inc.
5. Weeks & Weeks Waste Services, Inc. d.b.a. Maddox Waste Services

County-wide

David Gregory

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**BACKGROUND:**

Chapter 235 of the Seminole County Code authorizes the Board to regulate the collection and disposal of waste in the unincorporated county. The above companies have complied with the requirements as set forth in the Seminole County Code and have requested a Certificate of Public Convenience and Necessity (COPCN) from Seminole County to perform commercial collection services of waste in the unincorporated areas of Seminole County.

These firms have provided applications that indicate that they only provide Construction and Demolition (C&D) Debris collection services, Special Waste collection services, or Recyclables collection services. Staff has verified this information through follow up investigation (including telephone contact). These firms have provided insurance information that complies with the 2006 amendments to Chapter 235 of the Seminole County Code.

Firms that collect only C&D Debris, Special Wastes, or Recyclables are not required to obtain a non-exclusive commercial solid waste collection franchise. These firms are required to obtain COPCN.

**STAFF RECOMMENDATION:**

Approve and authorize the Chairman to execute Certificate of Public Convenience and Necessity for the following companies.

1. 4 Jays – Management, Inc.
2. A & F Waste Services, Inc.
3. RMD Americas of Florida, LLC
4. USA Services of Florida, Inc.
5. Weeks & Weeks Waste Services, Inc. d.b.a. Maddox Waste Services

**ATTACHMENTS:**

1. COPCN

**Additionally Reviewed By:**

County Attorney Review ( Susan Dietrich )

**ENVIRONMENTAL SERVICES DEPARTMENT**  
**SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: 4 Jays – Management, Incorporated

Street Address: 1382 Howland Boulevard, Suite 120

City, State & Zip: Deltona, Florida 32738

Type of Operation: Collection Services: Construction & Demolition Debris

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners  
Seminole County, Florida

\_\_\_\_\_  
Maryanne Morse

By: \_\_\_\_\_  
Carlton D. Henley, BCC Chairman

Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only,  
approved as to form and  
legal sufficiency

As authorized for execution by the  
Board of County Commissioners  
at their \_\_\_\_\_, 20 \_\_\_\_\_,  
regular meeting.

\_\_\_\_\_  
County Attorney



Seminole County  
Certificate of Public Convenience and Necessity

**TYPE OF OPERATION**

Does your company collect waste in unincorporated Seminole County?  
If yes, please complete information below.

**COLLECTION SERVICES:**

Materials Collected

**SOLID WASTE:**

- Furniture \_\_\_\_\_
- Garbage \_\_\_\_\_
- Rubbish \_\_\_\_\_
- Sludge \_\_\_\_\_

**CONSTRUCTION & DEMOLITION DEBRIS:**

- Concrete, brick and fines
- Wood
- Land Clearing Debris
- Asphalt
- Drywall
- Roofing Shingles

**RECYCLABLE MATERIALS:**

- Newspaper \_\_\_\_\_
- Glass \_\_\_\_\_
- Aluminum Cans \_\_\_\_\_
- Plastic Bottles \_\_\_\_\_
- Steel Cans \_\_\_\_\_
- Other Plastics \_\_\_\_\_
- Ferrous Metals \_\_\_\_\_
- Non-Ferrous Metals \_\_\_\_\_
- Corrugated Cardboard \_\_\_\_\_
- Office Paper \_\_\_\_\_
- Food Waste \_\_\_\_\_
- Textiles \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SPECIAL WASTE**

- Yard Trash
- White Goods \_\_\_\_\_
- Tires \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**HAZARDOUS WASTE:**

- Biological Waste \_\_\_\_\_
- Biohazardous Waste \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Does your company operate a waste management facility in unincorporated Seminole County?  
If yes, please complete information below.

**FACILITY:**

Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

- Equipment Parking and / or \_\_\_\_\_
- Maintenance Yard Only. \_\_\_\_\_

**RECYCLING FACILITY:**

- C&D Processing \_\_\_\_\_
- Materials Recovery \_\_\_\_\_
- Yard Waste/Tree Debris \_\_\_\_\_
- Disposal Facility, Specify \_\_\_\_\_

!

**Materials handled at facility (list all)**

_____	_____
_____	_____
_____	_____
_____	_____

**Tons handled annually (per material, if applicable)**

Item	Tons per year
_____	_____
_____	_____
_____	_____

**Where do you deliver materials for disposal and / or processing?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

\* Include Copies Of All Pertinent  
Regulatory Agency Operation Permits.  
Attach additional pages as needed.

Seminole County  
 Certificate of Public Convenience and Necessity  
**VEHICLE IDENTIFICATION LIST**

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: 4 Jays Management Inc.

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2002	Kenworth	T800	Roll-off	N87P1L	R0-30	
2003	Mack	CV713	Roll-off	N5077H	R0-32	

Total number of vehicles: 2  
 X 20.00 per vehicle 20.00  
 Sum: 40.00

Make copies as necessary

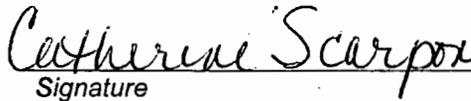
Seminole County  
Certificate of Public Convenience and Necessity  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: 4 Jays - Management, Inc.

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: 9.6.07  
*Signature*

Print Name Glen Jung Date: 9.6.07

Notary  Date: 9/10/07  
*Signature*

Print Name CATHERINE SCARPONE Date: 9/10/07



**CATHERINE SCARPONE**  
NOTARY PUBLIC  
STATE OF FLORIDA  
Commission No. DD 419993  
My Commission Expires May 2, 2009

Seminole County  
Certificate of Public Convenience and Necessity  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

STATE OF Florida  
COUNTY OF Volusia

COMES NOW, Glen Jung, being first duly sworn, who deposes and says:

- (1) That he/she is the President, an officer of 4 Jays Management, Inc. corporation existing under the laws of the State of Florida;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

**FURTHER AFFIANT SAYETH NAUGHT**

Glen Jung, Affiant

The following Affidavit was signed, acknowledged and sworn to by Glen Jung, President  
before me this 14th day of September, 20 07

Catherine Scarpone  
Notary Public, State of Florida

My commission expires: May 2, 2009



**CATHERINE SCARPONE**  
NOTARY PUBLIC  
STATE OF FLORIDA  
Commission No. DD 419993  
My Commission Expires May 2, 2009



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## Detail by Entity Name

### Florida Profit Corporation

4 JAYS - MANAGEMENT, INC.

### Filing Information

**Document Number** P00000117759  
**FEI Number** 593707204  
**Date Filed** 12/28/2000  
**State** FL  
**Status** ACTIVE  
**Last Event** NAME CHANGE AMENDMENT  
**Event Date Filed** 12/29/2003  
**Event Effective Date** NONE

### Principal Address

1382 HOWLAND BLVD.  
SUITE 120  
DELTONA FL 32738

Changed 03/31/2004

### Mailing Address

PO BOX 309395  
DELTONA FL 32739

Changed 03/27/2002

### Registered Agent Name & Address

JUNG, GLEN  
400 ENTERPRISE-OSTEEN RD  
OSTEEN FL 32764 US

Address Changed: 03/27/2002

### Officer/Director Detail

#### Name & Address

Title P/D

JUNG, GLEN  
PO BOX 390395  
DELTONA FL 32739 US

Title VP/D

JUNG, KEITH  
PO BOX 390395  
DELTONA FL 32739 US

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SS 4JAYS-1 DATE (MM/DD/YYYY) 10/11/07

<b>PRODUCER</b> SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716 Phone: 407-869-0962 Fax: 407-774-0936		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> 4 Jays-Management, Inc. P.O. Box 390395 Deltona FL 32739-0395		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Westfield Companies</b>	<b>24112</b>
		INSURER B: <b>Bridgefield Employers Ins. Co.</b>	<b>10701</b>
		INSURER C:	
		INSURER D:	
		INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR BLKT ADDITIONAL INSURED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CMM1972032	01/20/07	01/20/08	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CMM1972032	01/20/07	01/20/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	83035032	08/30/07	08/30/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1000000
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
						E.L. DISEASE - POLICY LIMIT	\$ 1000000
		OTHER					

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Seminole County its official, officers and employees shall be named additional insured. This is being provided in accordance with Chapter 235 Seminole County Code and the insurance is in full compliance with the requirements of Chapter 235 Seminole County Code. \*10 Day notice for non payment. General Liability is primary & non-contributory.

<b>CERTIFICATE HOLDER</b> SEMINOLE COUNTY ENVIRONMENTAL SERVICES SOLID WASTE MANAGEMENT DIV 1101 E. 1st St. Sanford FL 32771	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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A 10-19-07

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ENVIRONMENTAL SERVICES DEPARTMENT**  
**SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: A & F Waste Services, Incorporated

Street Address: 1685 Timocuan Way, #117

City, State & Zip: Longwood, Florida 327450

Type of Operation: Collection Services: Construction & Demolition Debris

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners  
Seminole County, Florida

\_\_\_\_\_  
Maryanne Morse

By: \_\_\_\_\_  
Carlton D. Henley, BCC Chairman

Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only,  
approved as to form and  
legal sufficiency

As authorized for execution by the  
Board of County Commissioners  
at their \_\_\_\_\_, 20 \_\_\_\_\_,  
regular meeting.

\_\_\_\_\_  
County Attorney

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPANY INFORMATION**

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2007 through September 30, 2008.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 9/14/07

Company Name: A & F WASTE SERVICES, INC.  
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Mailing Address: 1685 TIMOCUAN WAY, # 117

City: LONGWOOD State: FL Zip: 32750

Site Street Address: 1685 TIMOCUAN WAY, # 117

City: LONGWOOD State: FL Zip: 32750

Contact Person: MARGARET SCHWALEN Phone: 407-331-7921 FAX: 407-331-7951

Email Address: aandfwaste@aol.com

Owner/Stockholders/5% or more: PETER ARCULED 45% - PRES.  
MARK FELLOWS 45% V.P.  
MARGARET SCHWALEN 10% SEC.

List Prior Companies & Forms of Business: N/A

Person responsible for quarterly reports: MARGARET SCHWALEN Phone: 407-331-7921

Email Address: aandfwaste@aol.com

**Statement of Capability and Financial Responsibility**

I certify that A & F WASTE SERVICES, INC. is capable of performing the service(s) applied for and is Financially Responsible.

Margaret A. Schwalen 9/14/07  
Signature Date

MARGARET A. SCHWALEN  
Print Name above

Revd: 9-18-07

**Seminole County**  
**Certificate of Public Convenience and Necessity**  
**TYPE OF OPERATION**

Does your company collect waste in unincorporated Seminole County?  
 If yes, please complete information below.

**COLLECTION SERVICES:**

Materials Collected

**SOLID WASTE:**

- Furniture \_\_\_\_\_
- Garbage \_\_\_\_\_
- Rubbish \_\_\_\_\_
- Sludge \_\_\_\_\_

**CONSTRUCTION & DEMOLITION DEBRIS:**

- Concrete, brick and fines
- Wood
- Land Clearing Debris \_\_\_\_\_
- Asphalt \_\_\_\_\_
- Drywall
- Roofing Shingles

**RECYCLABLE MATERIALS:**

- Newspaper \_\_\_\_\_
- Glass \_\_\_\_\_
- Aluminum Cans \_\_\_\_\_
- Plastic Bottles \_\_\_\_\_
- Steel Cans \_\_\_\_\_
- Other Plastics \_\_\_\_\_
- Ferrous Metals \_\_\_\_\_
- Non-Ferrous Metals \_\_\_\_\_
- Corrugated Cardboard \_\_\_\_\_
- Office Paper \_\_\_\_\_
- Food Waste \_\_\_\_\_
- Textiles \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SPECIAL WASTE**

- Yard Trash \_\_\_\_\_
- White Goods \_\_\_\_\_
- Tires \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**HAZARDOUS WASTE:**

- Biological Waste \_\_\_\_\_
- Biohazardous Waste \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Does your company operate a waste management facility in unincorporated Seminole County?  
 If yes, please complete information below.

**FACILITY:**

Address: \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

- Equipment Parking and / or \_\_\_\_\_
- Maintenance Yard Only. \_\_\_\_\_

**RECYCLING FACILITY:**

- C&D Processing \_\_\_\_\_
- Materials Recovery \_\_\_\_\_
- Yard Waste/Tree Debris \_\_\_\_\_
- Disposal Facility, Specify \_\_\_\_\_

**Materials handled at facility (list all)**

ORANGE COUNTY LLC.  
P.O. Box 1237  
PLYMOUTH, FL 32768  
407-814-7000

**Tons handled annually (per material, if applicable)**

Item	Tons per year
CONSTRUCTION DEBRIS	130 TONS
_____	_____
_____	_____

**Where do you deliver materials for disposal and / or processing?**

ORANGE COUNTY LLC

**NOTE:**

\* Include Copies Of All Pertinent  
 Regulatory Agency Operation Permits.  
 Attach additional pages as needed.

Seminole County  
 Certificate of Public Convenience and Necessity  
**VEHICLE IDENTIFICATION LIST**

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: A & F WASTE SERVICES, INC.

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
1998	MAACK	50 YD Dump	w/grapple claw	N6824 B3	#1	
1999	MAACK	50 YD Dump	w/grapple claw	I 53 P F B	#2	
1999	MAACK	50 YD Dump	w/grapple claw	N 2697 F	#3	
2000	MAACK	50 YD Dump	w/grapple claw	N 1996 G	#4	
2006	STERLING	50 YD Dump	w/grapple claw	N 1570 H	#5	
2006	STERLING	50 YD Dump	w/grapple claw	N 3162 H	#6	
2005	STERLING	Roll off		N 6041 E	#7	
2006	STERLING	50 YD Dump	w/grapple claw	N 8203 J	#9	

Total number of vehicles: 8

X 20.00 per vehicle 20.00

Sum: \$ 160.00

Make copies as necessary

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: A & F WASTE SERVICES, INC

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner: Margaret A. Schwalen Date: 9/14/07  
Signature

Print Name MARGARET A. SCHWALEN Date: 9/14/07

Notary Cathy M. Braner Date: 9/14/07  
Signature

Print Name \_\_\_\_\_ Date: 9/14/07



CATHY M. BRANER  
MY COMMISSION # DD 423621  
EXPIRES: April 28, 2009  
Bonded Thru Budget Notary Services

Seminole County  
Certificate of Public Convenience and Necessity  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

STATE OF FLORIDA  
COUNTY OF SEMINOLE

COMES NOW, MARGARET A. SCHWALEN, being first duly sworn, who deposes and says:

- (1) That he/she is the CORP SECRETARY, an officer of A+FWASTE SERVICES, INC. corporation existing under the laws of the State of FLORIDA;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

**FURTHER AFFIANT SAYETH NAUGHT**

Margaret A. Schwalen, Affiant

The following Affidavit was signed, acknowledged and sworn to by MARGARET A. SCHWALEN

\_\_\_\_\_ before me this 14<sup>TH</sup> day of SEPTEMBER, 2009

Cathy Braner  
Notary Public, State of Florida

My commission expires: \_\_\_\_\_



CATHY M. BRANER  
MY COMMISSION # DD 423621  
EXPIRES: April 28, 2009  
Bonded Thru Budget Notary Services



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No Events

No Name History

Entity Name Search

## Detail by Entity Name

### Florida Profit Corporation

A & F WASTE SERVICES INC.

### Filing Information

**Document Number** P02000128633  
**FEI Number** 161645331  
**Date Filed** 12/04/2002  
**State** FL  
**Status** ACTIVE

### Principal Address

1685 TIMOCUAN WAY #117  
LONGWOOD FL 32750

Changed 04/19/2004

### Mailing Address

1685 TIMOCUAN WAY #117  
LONGWOOD FL 32750

Changed 04/19/2004

### Registered Agent Name & Address

ARCULEO, PETER J  
560 S TRIPLET LAKE DRIVE  
CASSELBERRY FL 32707

Name Changed: 03/03/2003

Address Changed: 03/03/2003

### Officer/Director Detail

#### **Name & Address**

Title P

ARCULEO, PETER J  
1685 TIMOCUAN WAY #117  
LONGWOOD FL 32750

Title VP

FELLOWS, MARK  
1516 WAR ADMIRAL DR  
DELAND FL 32724

Title S

SHWALEN, MARGARET A  
1215 QUINTUPLET COURT

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/11/2007

<b>PRODUCER</b> Euclid Insurance Agencies, LLC Environmental Ins. Specialists 2295 W Eau Gallie Blvd., #C Melbourne, FL 32935	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURED</b> A & F Waste Services, Inc. 1685 S. Timocuan Way #117 Longwood, FL 32750	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Lincoln General Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> PRIMARY & NON CONTRI GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	LWG10181901	02/20/07	02/20/08	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
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LWI10181901	02/20/07	02/20/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER EQUIPMENT	LWC10181901	02/20/07	02/20/08	\$1,000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**SEMINOLE COUNTY & ITS OFFICIAL, OFFICERS AND EMPLOYEES ARE LISTED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY. THIS IS BEING PROVIDED IN ACCORDANCE WITH CHAPTER 235 SEMINOLE COUNTY CODE AND THE INSURANCE IS IN FULL COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 235 SEMINOLE COUNTY CODE.**

<b>CERTIFICATE HOLDER</b> SEMINOLE COUNTY- SOLID WASTE MANAGEMENT DIVISION 1950 STATE ROAD 419 LONGWOOD, FL 32750	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

A - 10-19-07

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



SOUTHWEST REGION  
P.O. BOX 80439 ■ BATON ROUGE, LA 70898-0439  
(225) 926-3264 ■ 1-800-421-2944  
FAX (225) 926-4102

FLORIDA  
P.O. BOX 988 ■ LAKELAND, FL 33802-0988  
(863) 665-6060 ■ 1-800-282-7648  
FAX (863) 666-1958

SOUTHEAST REGION  
P.O. BOX 600 ■ GAINESVILLE, GA 30503-0600  
(678) 450-5825 ■ 1-800-971-2667  
FAX (770) 718-9490

**CERTIFICATE OF INSURANCE**

RE: 0196-04282

ISSUED TO: Seminole County Copy also Mailed SWMD/CNorwood, 1959 SR419 Longwood, FL 32750 This is being provided in accordance with Chapter 235 Seminole County Code and the insurance is in full compliance with the requirements of Chapter 235 Seminole County Code.  
1101 E. First Street  
Sanford, FL 32771

Attn: Solid Waste Management Division

This is to certify that A & F Waste Services, Inc. 1685 Timocuan Way # 117 Longwood FL 32750-000, being subject to the provisions of the Florida Workers' Compensation Law, has secured the payment of any workers' compensation benefits due by insuring their risk with the Bridgefield Casualty Insurance Company.

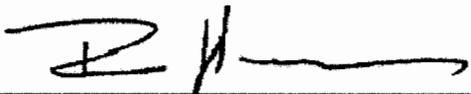
POLICY NUMBER:	<u>0196-04282</u>	WC Statutory Limits--State of Florida
		Employers Liability
EFFECTIVE DATE:	<u>March 25, 2007</u>	1,000,000 (Each Accident)
		1,000,000 (Disease--Each Employee)
EXPIRATION DATE:	<u>March 25, 2008</u>	1,000,000 (Disease--Policy Limit)

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be construed as amending, extending, or altering coverage not afforded by the policy shown above or affording insurance to any insured not named above.

The policy of insurance listed above has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document to which this certificate may pertain, the insurance made available by the described policy in this certificate is subject to only the terms, exclusions and conditions of such policy. Paid claims may have reduced the shown limits.

If the policy described above is cancelled before the expiration date indicated, the issuing company will attempt to mail 30 days' written notice to the certificate holder named above, although if cancellation is for nonpayment of premium, then the issuing company will attempt to mail 10 days' written notice to the certificate holder. In any event, the issuing company, its agents, and representatives accept no obligation or liability of any kind for failure to mail such notice.

Date: October 16, 2007

  
\_\_\_\_\_  
Authorized Signature

A subsidiary of Summit, "The People Who Know Workers' Comp"<sup>®</sup>  
[www.summitholdings.com](http://www.summitholdings.com)

A 10-19-07

**ENVIRONMENTAL SERVICES DEPARTMENT**  
**SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: RMD Americas of Florida, LLC

Street Address: 550 Cidco Road

City, State & Zip: Cocoa, Florida 32926

Type of Operation: Collection Services: Special Waste

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners  
Seminole County, Florida

Maryanne Morse

By: Carlton D. Henley, BCC Chairman

Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only,  
approved as to form and  
legal sufficiency

As authorized for execution by the  
Board of County Commissioners  
at their \_\_\_\_\_, 20 \_\_\_\_\_,  
regular meeting.

County Attorney

Seminole County  
Certificate of Public Convenience and Necessity

**COMPANY INFORMATION**

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2007 through September 30, 2008.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 9/27/06  
Company Name: RMD Americas of Florida LLC  
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)  
Mailing Address: 550 Cidco Road  
City: Cocoa State: FL Zip: 32926  
Site Street Address: Same  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: Mary Merritt Phone: 321-636-3532 FAX: 321-631-5325  
Email Address: mmerritt@rmdamericas.com  
Owner/Stockholders/5% or more: RMD Americas USA, LLC 92%  
Vincent Confestible 5%  
List Prior Companies & Forms of Business: \_\_\_\_\_

Person responsible for quarterly reports: <u>Jim Reilly</u> Phone: <u>321 636 3532</u>
Email Address: <u>jreilly@rmdamericas.com</u>

**Statement of Capability and Financial Responsibility**

I certify that RMD Americas of Florida LLC is capable of performing the service(s) applied for and is Financially Responsible.

Mary K Merritt  
Signature

9/27/07  
Date

Mary K Merritt  
Print Name above

RCVP 10-01-07

Seminole County  
Certificate of Public Convenience and Necessity

**TYPE OF OPERATION**

Does your company collect waste in unincorporated Seminole County?  
If yes, please complete information below.

**COLLECTION SERVICES:**

Materials Collected

**SOLID WASTE:**

- Furniture \_\_\_\_\_
- Garbage \_\_\_\_\_
- Rubbish \_\_\_\_\_
- Sludge \_\_\_\_\_

**CONSTRUCTION & DEMOLITION DEBRIS:**

- Concrete, brick and fines \_\_\_\_\_
- Wood \_\_\_\_\_
- Land Clearing Debris \_\_\_\_\_
- Asphalt \_\_\_\_\_
- Drywall \_\_\_\_\_
- Roofing Shingles \_\_\_\_\_

**RECYCLABLE MATERIALS:**

- Newspaper \_\_\_\_\_
- Glass \_\_\_\_\_
- Aluminum Cans \_\_\_\_\_
- Plastic Bottles \_\_\_\_\_
- Steel Cans \_\_\_\_\_
- Other Plastics \_\_\_\_\_
- Ferrous Metals \_\_\_\_\_
- Non-Ferrous Metals \_\_\_\_\_
- Corrugated Cardboard \_\_\_\_\_
- Office Paper \_\_\_\_\_
- Food Waste \_\_\_\_\_
- Textiles \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SPECIAL WASTE**

- Yard Trash \_\_\_\_\_
- White Goods \_\_\_\_\_
- Tires \_\_\_\_\_ ✓
- Other (specify) \_\_\_\_\_

**HAZARDOUS WASTE:**

- Biological Waste \_\_\_\_\_
- Biohazardous Waste \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Does your company operate a waste management facility in unincorporated Seminole County?  
If yes, please complete information below.

**FACILITY:**

Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

- Equipment Parking and / or \_\_\_\_\_
- Maintenance Yard Only. \_\_\_\_\_

**RECYCLING FACILITY:**

- C&D Processing \_\_\_\_\_
- Materials Recovery \_\_\_\_\_
- Yard Waste/Tree Debris \_\_\_\_\_
- Disposal Facility, Specify \_\_\_\_\_

!

**Materials handled at facility (list all)**

_____	_____
_____	_____
_____	_____
_____	_____

**Tons handled annually (per material, if applicable)**

Item	Tons per year
_____	_____
_____	_____
_____	_____

**Where do you deliver materials for disposal and / or processing?**

_____
_____
_____

**NOTE:**

\* Include Copies Of All Pertinent Regulatory Agency Operation Permits. Attach additional pages as needed.

**SEMINOLE COUNTY**  
**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**  
*Vehicle Identification*

RMD Americas of Florida, LLC (Company Name)

**VEHICLE IDENTIFICATION LIST**

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Type</u>	<u>Fleet Id</u>	<u>Tag #</u>	<u>Decal #</u>
2000	Mack	Tractor	Trailer	3	X05YEW	
2000	Mack	Tractor	Trailer	4	X04YEW	
2000	Mack	Tractor	Trailer	5	X03YEW	
2002	Mack	Tractor	Walking Floor	98	Y4760A	
1997	Peterbilt	Tractor	Trailer	33	P399PR	
2002	Mack	Tractor	Trailer	99	P985JY	
2005	Hino	Truck	Box	151	C921LA	
2002	Mack	Tractor	Trailer	152	P400PR	
2001	Mack	Tractor	Trailer	156	B047VZ	
2001	Mack	Tractor	Trailer	157	B048VZ	
1997	Mack	Tractor	Trailer	158	B050VZ	
1998	Mack	Tractor	Trailer	159	B049VZ	
2006	Hino	Truck	Box	174	P475EC	
2006	Hino	Truck	Box	175	C230WD	
2006	Hino	Truck	Box	176	C050WD	

Total number of vehicles: 15  
 x 20.00 per vehicle x 20.00  
\$ 300.00  
 Sum:

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: Rmb Americas of Florida LLC

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Officer  
Owner: Mary K Merritt Date: 9/27/07  
Signature

Print Name Mary K Merritt Date: \_\_\_\_\_

Notary Joan Marshall Date: 9/27/07  
Signature

Print Name Joan Marshall Date: 9/27/07



**Joan Marshall**  
Commission #DD334982  
Expires: Aug 17, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.



**Joan Marshall**  
Commission #DD334982  
Expires: Aug 17, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

Seminole County  
Certificate of Public Convenience and Necessity  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

STATE OF Florida  
COUNTY OF Brevard

COMES NOW, Mary K Merritt, being first duly sworn, who deposes and says:

- (1) That he/she is the VP of Finance, an officer of RMD Americas of Florida LLC corporation existing under the laws of the State of Florida;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

**FURTHER AFFIANT SAYETH NAUGHT**

Mary K Merritt, Affiant

The following Affidavit was signed, acknowledged and sworn to by Mary K Merritt

27<sup>th</sup> before me this 27<sup>th</sup> day of SEPTEMBER, 20 07

Joan Marshall Joan Marshall  
Notary Public, State of Florida

My commission expires: 8/17/08



**Joan Marshall**  
Commission #DD334982  
Expires: Aug 17, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.



[Previous on List](#)

[Next on List](#)

[Return To List](#)

No Events

No Name History

Entity Name Search

## Detail by Entity Name

### Florida Limited Liability Company

RMD AMERICAS OF FLORIDA, LLC

### Filing Information

**Document Number** L04000025682  
**FEI Number** 270086674  
**Date Filed** 04/05/2004  
**State** FL  
**Status** ACTIVE

### Principal Address

550 CIDCO ROAD  
COCOA FL 32926

Changed 06/30/2005

### Mailing Address

550 CIDCO ROAD  
COCOA FL 32926

Changed 06/30/2005

### Registered Agent Name & Address

DEVRIES, JACALYN  
550 CIDCO ROAD  
COCOA FL 32926 US

Name Changed: 02/05/2007

Address Changed: 02/05/2007

### Manager/Member Detail

#### **Name & Address**

Title MGRM

RMD AMERICAS USA, LLC  
550 CIDCO ROAD  
COCOA FL 32926

### Annual Reports

Report Year	Filed Date
2005	06/30/2005
2006	05/04/2006
2007	02/05/2007

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2007

PRODUCER <b>Euclid Insurance Agencies, LLC</b> Environmental Ins. Specialists 2295 W Eau Gallie Blvd., #C Melbourne, FL 32935	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED <b>RMD Americas USA, LLC</b> 550 Cidco Road Cocoa, FL 32926	INSURER A: <b>Zurich American</b>	
	INSURER B: <b>Arch Specialty</b>	
	INSURER C: <b>National Union Fire Insurance</b>	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PRIMARY</b> <input checked="" type="checkbox"/> <b>NON CONTRIBUTORY</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO913263300 <b>OCCURENCE MADE CONTRACTUAL</b>	06/29/07	06/29/08	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A			AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP913262500	06/29/07	06/29/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
							OTHER THAN AUTO ONLY: EA ACC	\$
							AGG	\$
B			EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	UFP00222290 <b>OCCURENCE MADE</b>	06/29/07	06/29/08	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$
								\$
								\$
								\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C			OTHER <b>EQUIP &amp; PROP</b>	2611827	06/29/07	06/29/08	<b>\$25,000 DEDUCTIBLE TO INCLUDE 5% WIND DEDUCTI</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**SEMINOLE COUNTY, ITS OFFICIAL, OFFICER AND EMPLOYEES SHALL BE ADDITIONAL INSURED. THE COI IS BEING PROVIDED IN ACCORDANCE WITH CHAPTER 235 SEMINOLE COUNTY CODE AND THAT THE INSURANCE IS IN FULL COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 235 SEMINOLE COUNTY CODE.**  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  SEMINOLE COUNTY 1101 E. 1st STREET SANFORD, FL 32771 mail copy to: SWMD/C, NORWOOD 1950 SR 419 LONGWOOD, FL 32750	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**DESCRIPTIONS (Continued from Page 1)**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SW  
RMDAMER

DATE (MM/DD/YYYY)  
10/09/07

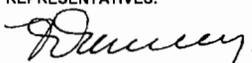
<b>PRODUCER</b>  J Rolfe Davis Insurance P.O. Box 4927 Orlando FL 32802-4927 Phone: 407-691-9600	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  RMD Americas USA, LLC 550 Cidco Road Cocoa FL 32926	INSURER A: FFVA Mutual Insurance Company	10385
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC84000175062007A	02/08/07	02/08/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 500000
					E.L. DISEASE - EA EMPLOYEE	\$ 500000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*Except as required by Florida Statute. The Certificate of Insurance is being provided in accordance with Chapter 235 Seminole County Code and is in full compliance with the Insurance requirements of Chapter 235 Seminole County Code.

<b>CERTIFICATE HOLDER</b>  SEMICOU  Seminole County 1101 E 1st St, Sanford, FL Mail address: SWMD/C, Norwood 1950 SR 419 Longwood FL 32750	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
--	---

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ENVIRONMENTAL SERVICES DEPARTMENT**  
**SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: USA Services of Florida, Incorporated

Street Address: 448 Spring Hammock Court

City, State & Zip: Longwood, Florida 32750

Type of Operation: Collection Services: Construction & Demolition Debris, and Special Waste

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners  
Seminole County, Florida

Maryanne Morse

By: Carlton D. Henley, BCC Chairman

Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only,  
approved as to form and  
legal sufficiency

As authorized for execution by the  
Board of County Commissioners  
at their \_\_\_\_\_, 20 \_\_\_\_\_,  
regular meeting.

County Attorney

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPANY INFORMATION**

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2007 through September 30, 2008.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 9-26-07

Company Name: USA Services of Florida  
*(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)*

Mailing Address: P.O. Box 520580

City: Longwood State: FL Zip: 32752

Site Street Address: 448 Spring Hammock Court

City: Longwood State: FL Zip: 32750

Contact Person: Carmine Latanza Phone: 407-339-1800 FAX: 407-339-0241

Email Address: michael@usaservicesfl.com

Owner/Stockholders/5% or more: Eric Seidelman 50%

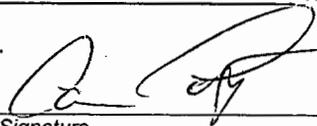
Carmine Latanza 50%

List Prior Companies & Forms of Business: \_\_\_\_\_

Person responsible for quarterly reports: <u>Lori Garrison</u> Phone: <u>9-26-07</u>
Email Address: <u>lori@usaservicesfl.com</u>

**Statement of Capability and Financial Responsibility**

I certify that Lori Garrison is capable of performing the service(s) applied for and is Financially Responsible.

  
\_\_\_\_\_  
Signature

9-26-07  
\_\_\_\_\_  
Date

Carmine Latanza  
\_\_\_\_\_  
Print Name above

RCUD 10-01-07

Seminole County  
Certificate of Public Convenience and Necessity

**TYPE OF OPERATION**

Does your company collect waste in unincorporated Seminole County?  
If yes, please complete information below.

**COLLECTION SERVICES:**

Materials Collected

**SOLID WASTE:**

- Furniture \_\_\_\_\_
- Garbage \_\_\_\_\_
- Rubbish \_\_\_\_\_
- Sludge \_\_\_\_\_

**CONSTRUCTION & DEMOLITION DEBRIS:**

- Concrete, brick and fines \_\_\_\_\_ X
- Wood \_\_\_\_\_ X
- Land Clearing Debris \_\_\_\_\_ X
- Asphalt \_\_\_\_\_
- Drywall \_\_\_\_\_ X
- Roofing Shingles \_\_\_\_\_

**RECYCLABLE MATERIALS:**

- Newspaper \_\_\_\_\_
- Glass \_\_\_\_\_
- Aluminum Cans \_\_\_\_\_
- Plastic Bottles \_\_\_\_\_
- Steel Cans \_\_\_\_\_
- Other Plastics \_\_\_\_\_
- Ferrous Metals \_\_\_\_\_
- Non-Ferrous Metals \_\_\_\_\_
- Corrugated Cardboard \_\_\_\_\_
- Office Paper \_\_\_\_\_
- Food Waste \_\_\_\_\_
- Textiles \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SPECIAL WASTE**

- Yard Trash \_\_\_\_\_ X
- White Goods \_\_\_\_\_
- Tires \_\_\_\_\_ X
- Other (specify) \_\_\_\_\_

**HAZARDOUS WASTE:**

- Biological Waste \_\_\_\_\_
- Biohazardous Waste \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Does your company operate a waste management facility in unincorporated Seminole County?  
If yes, please complete information below.

**FACILITY:**

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

- Equipment Parking and / or \_\_\_\_\_
- Maintenance Yard Only \_\_\_\_\_

**RECYCLING FACILITY:**

- C&D Processing \_\_\_\_\_
- Materials Recovery \_\_\_\_\_
- Yard Waste/Tree Debris \_\_\_\_\_
- Disposal Facility, Specify \_\_\_\_\_

!

**Materials handled at facility (list all)**


**Tons handled annually (per material, if applicable)**

Item	Tons per year

**Where do you deliver materials for disposal and / or processing?**


**NOTE:**

\* Include Copies Of All Pertinent  
Regulatory Agency Operation Permits.  
Attach additional pages as needed.

Seminole County  
 Certificate of Public Convenience and Necessity  
**VEHICLE IDENTIFICATION LIST**

Please complete this form and include payment to cover the \$20.00 per vehicle fee.  
 Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: USA Services of Florida

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
1995	Mack		R-0	N26-20M	R-5	
2006	Mack		R-0	N37-65J	R-6	
2006	Mack		R-0	N55-39L	R-7	

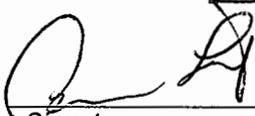
Total number of vehicles: 3  
 X 20.00 per vehicle 20.00  
 Sum: \$60.00

**Make copies as necessary**

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: USA Services of Florida

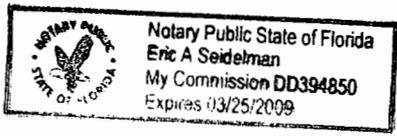
I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: 9-26-07  
Signature

Print Name Carmine Latanza Date: \_\_\_\_\_

Notary  Date: 9-26-07  
Signature

Print Name Eric Seidelman Date: \_\_\_\_\_



Seminole County  
Certificate of Public Convenience and Necessity  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

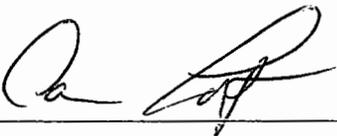
STATE OF Florida

COUNTY OF Seminole

COMES NOW, Carmine Latanza, being first duly sworn, who deposes and says:

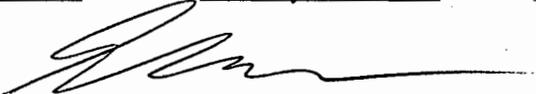
- (1) That he/she is the Secretary, an officer of USA Services of Florida corporation existing under the laws of the State of Florida;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

FURTHER AFFIANT SAYETH NAUGHT

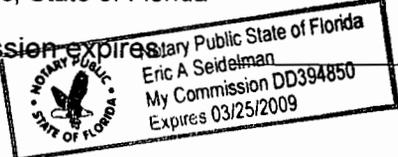
  
\_\_\_\_\_, Affiant

The following Affidavit was signed, acknowledged and sworn to by Carmine Latanza

\_\_\_\_\_ before me this 26 day of Sept, 20 07

  
\_\_\_\_\_  
Notary Public, State of Florida

My commission expires 03/25/2009





[Previous on List](#)      [Next on List](#)      [Return To List](#)

[Events](#)      [Name History](#)

Entity Name Search

## Detail by Entity Name

### Florida Profit Corporation

USA SERVICES OF FLORIDA, INC.

### Filing Information

**Document Number** K63846  
**FEI Number** 592936530  
**Date Filed** 02/08/1989  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT AND NAME CHANGE  
**Event Date Filed** 10/28/1993  
**Event Effective Date** NONE

### Principal Address

448 SPRING HAMMOCK COURT  
LONGWOOD FL 32750

Changed 08/13/1993

### Mailing Address

P.O. BOX 520580  
LONGWOOD FL 32750 US

Changed 05/01/1996

### Registered Agent Name & Address

SEIDELMAN, ERIC A.  
448 SPRING HAMMOCK COURT  
LONGWOOD FL 32750 US

Name Changed: 07/01/1992

Address Changed: 08/13/1993

### Officer/Director Detail

#### **Name & Address**

Title PD

SEIDELMAN, ERIC A.  
31707 ORANGE ST.  
SORRENTO FL 32776

Title VP

LATANZA, MICHAEL  
2405 ANN ARBOR AVENUE  
ORLANDO FL 32804

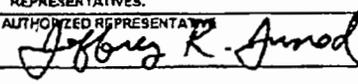
<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID DK USASE-3	DATE (MM/DD/YYYY) 10/17/07
<b>PRODUCER</b> KuykendallGardner 1560 Orange Avenue, Suite 750 Winter Park FL 32789-5552 Phone: 407-894-5431 Fax: 407-629-6378		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> USA Services of Florida, Inc Eric Seidman 448 Spring Hammock Ct Longwood FL 32752		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Westfield Companies	24112
		INSURER B: Zenith Insurance Co	13269
		INSURER C:	
		INSURER D:	
		INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CMM1915269	11/08/06	11/08/07	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				LIABILITY TO RENTOR PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Blkt Addl Insd				PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> Blkt Waiver/Subro	INCLUDED	11/08/06	11/08/07	GENERAL AGGREGATE \$ 2,000,000
A	GENL AGGREGATE LIMIT APPLIES PER:	INCLUDED	11/08/06	11/08/07	PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Emp Ben. 1,000,000
A	AUTOMOBILE LIABILITY	CAD1915269	11/08/06	11/08/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
A	<input checked="" type="checkbox"/> HIRED AUTOS	INCLUDED	11/08/06	11/08/07	BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS	INCLUDED	11/08/06	11/08/07	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> Blkt Waiver/Subro	INCLUDED	11/08/06	11/08/07	AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN EA ACC \$
	<input type="checkbox"/> ANY AUTO				AGG \$
A	EXCESS/UMBRELLA LIABILITY	CUM1915269	11/08/06	11/08/07	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Z069255101	08/01/07	08/01/08	<input checked="" type="checkbox"/> VIC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	Z069255301	08/01/07	08/01/08	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*30 days notice of restriction of coverage except 10 days notice of cancellation due to non-payment of premium as dictated by Florida Statutes. Seminole County, its officials, officers and employees are included as Additional Insureds on the above listed General Liability Policy as required by written contract; policies are Primary and Noncontributory (see attached)

<b>CERTIFICATE HOLDER</b> Seminole County Seminole County Solid Waste Carol Norwood /SWMD 1101 E 1st Street Sanford FL 32771	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	--

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

A 10-19-07

**NOTEPAD**

The certificate is in compliance with insurance requirements and in accordance with SCC 235.

**ENVIRONMENTAL SERVICES DEPARTMENT**  
**SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: Weeks & Weeks Waste Services, Incorporated

Street Address: 2241 Park Village Place

City, State & Zip: Apopka, Florida 32712

Type of Operation:  
Collection Services: Construction & Demolition Debris

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners  
Seminole County, Florida

Maryanne Morse

By: Carlton D. Henley, BCC Chairman

Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only,  
approved as to form and  
legal sufficiency

As authorized for execution by the  
Board of County Commissioners  
at their \_\_\_\_\_, 20 \_\_\_\_\_,  
regular meeting.

County Attorney

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPANY INFORMATION**

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2007 through September 30, 2008.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: SEPT 11, 2007

Company Name: WEEKS & WEEKS WASTE SERVICES, INC. DBA MADDOX WASTE SERVICES  
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Mailing Address: P.O. Box 915771

City: LONGWOOD State: FL Zip: 32791

Site Street Address: 2241 PARK VILLAGE PLACE

City: APOPKA State: FL Zip: 32712

Contact Person: DALE WEEKS Phone: 407 880 3025 FAX: 407 880 3027

Email Address: DWEEKS1@CFL.RR.COM

Owner/Stockholders/5% or more: DALE WEEKS - 50%

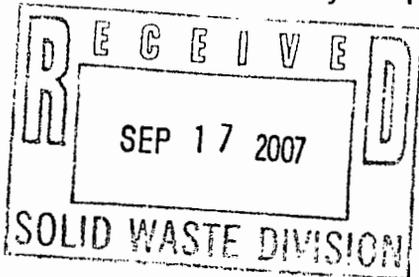
CATHERINE WEEKS - 50%

List Prior Companies & Forms of Business: - NONE -

Person responsible for quarterly reports: <u>DALE WEEKS</u> Phone: <u>407 880 3025</u>
Email Address:

**Statement of Capability and Financial Responsibility**

I certify that WEEKS & WEEKS WASTE SERVICES, INC. is capable of performing the service(s) applied for and is Financially Responsible.



Dale Weeks Signature Date: Sept 11, 2007  
DALE J. WEEKS Print Name above

Seminole County  
 Certificate of Public Convenience and Necessity  
**TYPE OF OPERATION**

Does your company collect waste in unincorporated Seminole County?  
 If yes, please complete information below.

**COLLECTION SERVICES:**

Materials Collected

**SOLID WASTE:**

- Furniture \_\_\_\_\_
- Garbage \_\_\_\_\_
- Rubbish \_\_\_\_\_
- Sludge \_\_\_\_\_

**CONSTRUCTION & DEMOLITION DEBRIS:**

- Concrete, brick and fines \_\_\_\_\_ X
- Wood \_\_\_\_\_ X
- Land Clearing Debris \_\_\_\_\_ X
- Asphalt \_\_\_\_\_ X
- Drywall \_\_\_\_\_ X
- Roofing Shingles \_\_\_\_\_ X

**RECYCLABLE MATERIALS:**

- Newspaper \_\_\_\_\_
- Glass \_\_\_\_\_
- Aluminum Cans \_\_\_\_\_
- Plastic Bottles \_\_\_\_\_
- Steel Cans \_\_\_\_\_
- Other Plastics \_\_\_\_\_
- Ferrous Metals \_\_\_\_\_
- Non-Ferrous Metals \_\_\_\_\_
- Corrugated Cardboard \_\_\_\_\_
- Office Paper \_\_\_\_\_
- Food Waste \_\_\_\_\_
- Textiles \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SPECIAL WASTE**

- Yard Trash \_\_\_\_\_
- White Goods \_\_\_\_\_
- Tires \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**HAZARDOUS WASTE:**

- Biological Waste \_\_\_\_\_
- Biohazardous Waste \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Does your company operate a waste management facility in unincorporated Seminole County?  
 If yes, please complete information below.

**FACILITY:**

Address: \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

- Equipment Parking and / or \_\_\_\_\_
- Maintenance Yard Only. \_\_\_\_\_

**RECYCLING FACILITY:**

- C&D Processing \_\_\_\_\_
- Materials Recovery \_\_\_\_\_
- Yard Waste/Tree Debris \_\_\_\_\_
- Disposal Facility, Specify \_\_\_\_\_

!

**Materials handled at facility (list all)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Tons handled annually (per material, if applicable)**

Item	Tons per year
_____	_____
_____	_____
_____	_____

**Where do you deliver materials for disposal and / or processing?**

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

\* Include Copies Of All Pertinent  
 Regulatory Agency Operation Permits.  
 Attach additional pages as needed.

Seminole County  
 Certificate of Public Convenience and Necessity  
**VEHICLE IDENTIFICATION LIST**

Please complete this form and include payment to cover the \$20.00 per vehicle fee.  
 Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: WEEKS & WEEKS WASTE SERVICES, INC - DBA MADDOX WASTE SERVICES

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
1998	MACK	R0688	Roll-off	N 0308D	1	
2003	INTERNATIONAL	7600	Roll-off	N 7027F	2	
2007	MACK	CU713	Roll-off	N 7026K	3	

Total number of vehicles: 3  
 X 20.00 per vehicle 20.00  
 Sum: \$ 60.00

Make copies as necessary

Seminole County  
Certificate of Public Convenience and Necessity  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: WEEKS & WEEKS WASTE SERVICES, INC DBA MADDOX WASTE  
SERVICES

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: Sept 12, 2007  
Signature

Print Name DALE J. WEEKS Date: SEPT 12, 2007

Notary  Date: 9/12/07  
Signature

Print Name P. LYNNE KENNERLY Date: 9/12/07



P. Lynne Kennerly  
My Commission DD283363  
Expires January 21 2008

Seminole County  
Certificate of Public Convenience and Necessity  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

STATE OF FLORIDA  
COUNTY OF SEMINOLE

COMES NOW, DALE J. WEEKS, being first duly sworn, who deposes and says:

- (1) That he/she is the PRESIDENT, an officer of WEEKS & WEEKS WASTE SERVICES, INC corporation existing under the laws of the State of FLOR. DA;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

**FURTHER AFFIANT SAYETH NAUGHT**

*DALE J. WEEKS*, Affiant

The following Affidavit was signed, acknowledged and sworn to by DALE J. WEEKS

before me this 12 day of Sept, 2007

*P. Lynne Kennerly*  
Notary Public, State of Florida

My commission expires:

 P. Lynne Kennerly  
My Commission DD283383  
Expires January 21 2008



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## Detail by Entity Name

### Florida Profit Corporation

WEEKS & WEEKS WASTE SERVICES, INC.

### Filing Information

**Document Number** P03000086366  
**FEI Number** 550843159  
**Date Filed** 08/06/2003  
**State** FL  
**Status** ACTIVE  
**Effective Date** 08/08/2003  
**Last Event** AMENDMENT  
**Event Date Filed** 02/19/2004  
**Event Effective Date** NONE

### Principal Address

2241 PARK VILLAGE PLACE  
APOPKA FL 32712 US

### Mailing Address

P.O. BOX 915771  
LONGWOOD FL 32791-5771

Changed 08/28/2003

### Registered Agent Name & Address

WEEKS, DALE J  
2241 PARK VILLAGE PLACE  
APOPKA FL 32712 US

### Officer/Director Detail

#### **Name & Address**

Title P

WEEKS, DALE J  
2241 PARK VILLAGE PLACE  
APOPKA FL 32712 US

Title SV

WEEKS, CATHERINE L  
2241 PARK VILLAGE PLACE  
APOPKA FL 32712 US

### Annual Reports

**Report Year Filed Date**

Client#: 67549

WEEKSWEK

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/25/07

<b>PRODUCER</b> Euclid Insurance Agencies, LLC Environmental Ins. Specialists 2295 W Eau Gallie Blvd., #C Melbourne, FL 32935	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Weeks & Weeks Waste Services Inc. DBA Maddox Waste Services P.O. Box 915771 Longwood, FL 32791-5771	INSURER A: Everest National Insurance Co.	10120
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> NON CONTRIBUTORY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	72SW00051071	08/28/07	08/28/08	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$15,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	72SW00051071	08/28/07	08/28/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**SEMINOLE COUNTY, ITS OFFICIAL, OFFICERS AND EMPLOYEES SHALL BE ADDITIONAL INSUREDS. THIS CERTIFICATE IS BEING PROVIDED IAW CHAPTER 235 SEMINOLE COUNTY CODE AND THE INSURANCE IS IN FULL COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 235 SEMINOLE COUNTY CODE.**

<b>CERTIFICATE HOLDER</b> SEMINOLE COUNTY, FLORIDA 1101 EAST FIRST STREET SANFORD, FL 32771 mail copy to: SWMD/C. Norwood, 1950 SR 419 Longwood, FL 32750	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/13/2007

PRODUCER (407)898-2211 FAX (407)898-1850  
Closson Insurance Agency, LLC  
Post Office Box 547275  
Orlando, FL 32854-7275

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Weeks & Weeks Waste Services, Inc.  
DBA: dba Maddox Waste Services  
P O Box 915771  
Longwood, FL 32791-5771

INSURER A: Technology Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	TWC3147078	08/20/2007	08/20/2008	WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 The workers compensation policy is in compliance with the requirements under Chapter 235 of the Seminole County Code. Technology Insurance Company is a "A" rated carrier.

## CERTIFICATE HOLDER

Seminole County Florida  
1101 East First Street  
Sanford, Florida 32771  
cc: Seminole County SWMD  
1950 SR 419  
Longwood, FL 32750

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lenise Zika

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.