

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Certificate of Public Convenience and Necessity

DEPARTMENT: Environmental Services **DIVISION:** Solid Waste Management

AUTHORIZED BY: Joe Forte **CONTACT:** William (Johnny) Edwards **EXT:** 2253

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute Certificate of Public Convenience and Necessity for Anderson Rentals, Inc.

County-wide

William (Johnny) Edwards

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 company has complied with the requirements as set forth in the Seminole County Code and has 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. This firm has provided an application indicating that it only provides 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. Further, this firm has provided insurance information in compliance with 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 COPCNs.

STAFF RECOMMENDATION:

Staff recommends that the Board approve and authorize the Chairman to execute Certificate of Public Convenience and Necessity for Anderson Rentals, Inc.

ATTACHMENTS:

- 1. COPCN Applications

<p>Additionally Reviewed By:</p> <p><input checked="" type="checkbox"/> County Attorney Review (Susan Dietrich)</p>
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ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION



LET IT BE KNOWN, that 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: Anderson Rentals, Inc.

Street Address: PO Box 765

City, State & Zip: Mims, Florida 32754

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

This Certificate of Public Convenience and Necessity is valid from October 1, 2008 through September 30, 2009, unless earlier terminated as provided hereinabove, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

By: Bob Dallari, 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, 2008 through September 30, 2009.**

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: 7/8/8

Company Name: ANDERSON RENTALS INC.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Mailing Address: P.O. Box 765

City: MIMS State: FL Zip: 32754

Site Street Address: 3660 US HWY 1 NORTH

City: MIMS State: FL Zip: 2754

Contact Person: JEREMY MARTIN Phone: 321-269-9151 FAX: 31-269-3626

Email Address: JEREMY@ANDERSON-RENTALS.COM

Owner/Stockholders/5% or more: ROBERT ANDERSON, WILLIAM ANDERSON, JOHN ANDERSON, ERIC ANDERSON, WOODY DOWNNEY, JEREMY MARTIN

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: <u>AIMEE TAYLOR</u> Phone: <u>321-269-9957</u>
Email Address: <u>AIMEE@ANDERSON-RENTALS.COM</u>

Statement of Capability and Financial Responsibility

I certify that ANDERSON RENTALS, INC. is capable of performing the service(s) applied for and is Financially Responsible.

Signature: [Handwritten Signature] Date: 7/8/8
Print Name above: JEREMY MARTIN

Anderson Rentals

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

Handwritten: **NOID 8/24/08** with a circular stamp containing 'NOID' and a signature.

CONSTRUCTION & DEMOLITION DEBRIS:

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

Handwritten 'X' marks next to each item in the Construction & Demolition Debris list.

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)

Handwritten 'X' marks next to Yard Trash and Tires.

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?

Handwritten: **VARIOUS LANDFILLS Depending ON proximity.**

NOTE:

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

Seminole County
Certificate of Public Convenience and Necessity

TYPE OF OPERATION

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If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture
- Garbage
- Rubbish
- Sludge

No per
Mr. Anderson
see fax

CONSTRUCTION & DEMOLITION DEBRIS:

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

RECYCLABLE MATERIALS:

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

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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?

VARIOUS LANDFILLS Depending on Proximity.

NOTE:

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

SEMINOLE COUNTY
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
COMPLIANCE AGREEMENT

NAME OF COMPANY: ANDERSON RENTALS, 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.

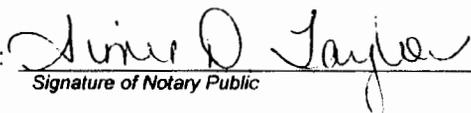
By:  Date: 1/28/09
Signature

WILLIAM F. ANDERSON

VICE PRESIDENT

Print Name: WILLIAM F. ANDERSON Title: _____

WILLIAM F. ANDERSON

Notary:  Date: 1/28/09
Signature of Notary Public

Print Name: Aimee D. Taylor Commission Number: _____
 Commission # DD-172690
Expires September 25, 2009

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: Anderson Rentals, Inc

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
1976	MACK	DM6855	Roll-off	N62 15I	87	
1999	MACK	RD600	Roll-off	N33 30P	159	
2006	STERLING	LT9500	Roll-off	558320*	162	
2007	STERLING	LT9500	Roll-off	558322*	163	
2007	STERLING	LT9500	Roll-off	558321*	164	
				* TEMP TAG #		

Total number of vehicles: 5
 X 20.00 per vehicle 20.00
 Sum: \$100.00

Make copies as necessary

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

STATE OF FLORIDA
COUNTY OF BREVARD

COMES NOW, ERIC ANDERSON, being first duly sworn, who deposes and says:

- (1) That he/she is the Corp. Secretary, an officer of ANDERSON RENTALS, 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

E. Anderson, Affiant

The following Affidavit was signed, acknowledged and sworn to by Eric Anderson
before me this 8th day of July, 2008

NOTARY PUBLIC
 Aimee D. Taylor
Commission # DD472690
Expires September 25, 2009
Florida Notary Public - Regulation No. 1004-900-1010

Aimee D. Taylor
Notary Public, State of Florida
My commission expires: _____

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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No Events

No Name History

Entity Name

Detail by Entity Name

Florida Profit Corporation

ANDERSON RENTALS, INC.

Filing Information

Document Number	F16549
FEI Number	592075747
Date Filed	01/28/1981
State	FL
Status	ACTIVE

Principal Address

3660 US-1
MIMS FL 32754

Changed 04/17/2007

Mailing Address

PO BOX 765
MIMS FL 32754

Changed 04/17/2007

Registered Agent Name & Address

ANDERSON, ROBERT J
3845 PENNSYLVANIA AVE
MIMS FL 32754 US

Name Changed: 01/08/2004

Address Changed: 01/08/2004

Officer/Director Detail

Name & Address

Title DP

ANDERSON, ROBERT J
3845 PENNSYLVANIA AVE
MIMS FL 32754

Title CS

ANDERSON, ERIC A
100 SECLUDED WAY
TITUSVILLE FL 32780

Title T

ANDERSON, JOHN M
390 S CARPENTER RD
TITUSVILLE FL 32796

Title V

ANDERSON, WILLIAM R.
8777 WINDSOR POINTE DR.
ORLANDO FL 32829

Annual Reports

Report Year Filed Date

2006	01/13/2006
2007	04/17/2007
2008	01/09/2008

Document Images

01/09/2008 -- ANNUAL REPORT	View image in PDF format
04/17/2007 -- ANNUAL REPORT	View image in PDF format
01/13/2006 -- ANNUAL REPORT	View image in PDF format
01/10/2005 -- ANNUAL REPORT	View image in PDF format
01/08/2004 -- ANNUAL REPORT	View image in PDF format
07/28/2003 -- ANNUAL REPORT	View image in PDF format
04/01/2002 -- ANNUAL REPORT	View image in PDF format
03/05/2001 -- ANNUAL REPORT	View image in PDF format
01/29/2000 -- ANNUAL REPORT	View image in PDF format
03/05/1999 -- ANNUAL REPORT	View image in PDF format
01/21/1998 -- ANNUAL REPORT	View image in PDF format
01/28/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
03/21/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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

No Events **No Name History**

Entity Name:

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MS
ANDE-22

DATE (MM/DD/YYYY)
01/07/09

PRODUCER Brown & Brown of Florida, Inc. 2600 Lake Lucien Dr., Ste. 330 Maitland FL 32751-7234 Phone: 407-660-8282 Fax: 407-660-2012	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 Anderson Rentals, Inc. Eric Anderson PO Box 765 Mims FL 32754	INSURER A: Zurich American Insurance Co.	02563
	INSURER B: Great American Ins. Co.	16691
	INSURER C: Bridgefield Cas. Ins.	10701
	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	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Non-contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GL0943313500	12/01/08	12/01/09	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	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						EEL	\$1,000,000
		AUTOMOBILE LIABILITY <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)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	SBU 03302 18 00	12/01/08	12/01/09	EACH OCCURRENCE	\$ 2,000,000
		AGGREGATE				\$ 2,000,000	
						Prod/Comp	\$ 2,000,000
							\$
							\$
C	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	196-05895	03/01/08	03/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ 500,000	
		E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Seminole County it s officials, 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 Chaper 235 Seminole County Code *10 days notice for non payment. General Liability is Primary & non-contributory

CERTIFICATE HOLDER SEMINO2 SEMINOLE COUNTY, FLORIDA 1101 E 1ST STREET SANFORD FL 32771	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Scott Ohmstede
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2009

PRODUCER (407)788-3000 FAX (407)788-7933
Insurance Office of America, Inc.
P.O. Box 162207
Altamonte Springs, FL 32716-2207

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.

INSURED Anderson Rentals, Inc.
P.O. Box 765
Mims, FL 32754-0765

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Auto-Owners Ins Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

18988

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	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL 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	\$
A	AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> Comp/Coll <input checked="" type="checkbox"/> Deductible \$5,000	47-836640-00	12/01/2008	12/01/2009	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 <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OT-HER
					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, it's officials, officers and employees are additionally insured as required by written contract per Auto coverage form CA 79001 (3-99)

CERTIFICATE HOLDER

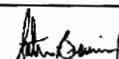
Seminole County
1101 E 1st Street
Sanford, FL 32771

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

Nathan Brainard/RAFFEJ



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.