

**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 a Certificate of Public Convenience and Necessity for Great Lakes Electronics / Almet, Inc.

County-wide

William (Johnny) Edwards

**BACKGROUND:**

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

The applicant also owns and operates a facility, within the unincorporated County, that recycles non-ferrous metal. Staff verified this information through follow up investigation. Further, the firm provided insurance information in compliance with Code Chapter 235. 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's.

**STAFF RECOMMENDATION:**

Staff recommends that the Board approve and authorize the Chairman to execute Certificate of Public Convenience and Necessity for Great Lakes Electronics / Almet, Inc.

**ATTACHMENTS:**

- 1. COPCN

<p><b>Additionally Reviewed By:</b></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: Great Lakes Electronics / Almet, Inc.

Street Address: 407 Flomich Street

City, State & Zip: Daytona Beach, FL 32117

Type of Operation: Collection Services: Recyclable Materials, Electronic Waste  
Recycling Facility: Aluminum Cans, Non-Ferrous Metals

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: 6-24-08

Company Name: Great Lakes Electronics / Almet Inc  
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Mailing Address: 407 Flomich St

City: Holly Hill State: FL Zip: 32117

Site Street Address: 407 Flomich St

City: Holl Hill State: FL Zip: 32117

Contact Person: Daniel M Todd Phone: (386) 673-1281 FAX: 386-672-8535

Email Address: dtodd@recycleelectronics.com

Owner/Stockholders/5% or more: Danny Zack, Nathan Zack

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

Person responsible for quarterly reports: <u>Daniel Todd</u> Phone: <u>386-673-1281</u>
Email Address: <u>dtodd@recycleelectronics.com</u>

**Statement of Capability and Financial Responsibility**

I certify that GLE/Almet is capable of performing the service(s) applied for and is Financially Responsible.

Daniel Todd  
Signature

6-24-08  
Date

Daniel M Todd  
Print Name above

0112108

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) - Electronic waste

**SPECIAL WASTE**

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

**HAZARDOUS WASTE:**

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

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

DBA: Great Lakes Electronics - Almer  
FACILITY: ARCA Recycling  
Address: 289 Lyman Rd.  
City Casselberry, FL Zip 32707

- 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
<u>Aluminum Cans</u>	<u>98</u>
<u>Non-Ferrous Metals</u>	<u>2,250</u>

**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  
**COMPLIANCE AGREEMENT**

NAME OF COMPANY: Great Lakes Electronics / Almet

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.

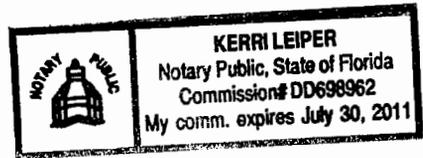
Owner:  Date: 7/28/2008  
Signature

Print Name Daniel S. ZACK Date: 7/28/2008

Notary  Date: 07-28-08  
Signature

Print Name Kerri Leiper Date: 07-28-08

State of Florida  
County of Volusia



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: Great Lakes Electronics/Almet

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2003	Volvo		roll-off	N6683M		
2000	Freightliner		Box	N0481K		
1995	Freightliner		Box	N0484K		

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  
**AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY**

STATE OF Florida  
COUNTY OF Volusia

COMES NOW, Daniel S. ZACK, being first duly sworn, who deposes and says:

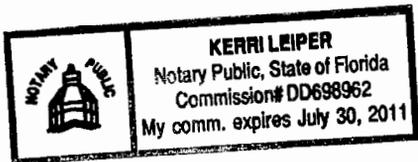
- (1) That he/she is the Vice President, an officer of Great Lakes Electronics - ALMET, INC corporation existing under the laws of the State of Michigan;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; 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**

[Signature], Affiant

The following Affidavit was signed, acknowledged and sworn to by DANIEL S. ZACK

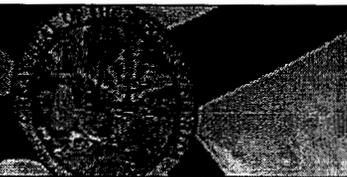
before me this 28 day of July, 20 08



[Signature]  
Notary Public, State of Florida  
My commission expires: 07-28-08

State of Florida  
County of Volusia

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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## Detail by Entity Name

### Foreign Profit Corporation

GREAT LAKES ELECTRONICS/ALMET, INC.

### Filing Information

**Document Number** F06000005282  
**FEI Number** 205272892  
**Date Filed** 08/11/2006  
**State** MI  
**Status** ACTIVE

### Principal Address ✓

407 FLOMICH STREET  
DAYTONA BEACH FL 32117

Changed 08/09/2007

### Mailing Address

411 SOUTH OLD WOODWARD  
928  
BIRMINGHAM MI 48009

Changed 03/27/2008

### Registered Agent Name & Address

✓ ZACK, DANIEL S  
1590 GARDEN AVENUE  
HOLLY HILL FL 32117 US

Name Changed: 08/09/2007

Address Changed: 03/27/2008

### Officer/Director Detail

#### Name & Address

Title CDP

ZACK, NATHAN A  
411 SOUTH OLD WOODWARD, #928  
BIRMINGHAM MI 48009

Title DV

ZACK, DANIEL S  
1590 GARDEN AVENUE

HOLLY HILL FL 32117

### Annual Reports

**Report Year Filed Date**

2007 08/09/2007

2008 03/27/2008

### Document Images

[03/27/2008 -- ANNUAL REPORT](#) [View image in PDF format](#)

[08/09/2007 -- ANNUAL REPORT](#) [View image in PDF format](#)

[08/11/2006 -- Foreign Profit](#) [View image in PDF format](#)

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

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Copyright © 2007 State of Florida, Department of State.

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE 10/03/2008
PRODUCER <b>Preferred Underwriters, Inc.</b> 16250 Northland Dr., Ste. #235  Southfield MI 48075-  INSURED <b>GREAT LAKES ELECTRONICS-ALMET, INC.</b> 407 FLOMICH ST  HOLLY HILL FL 32117-	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  INSURER A: <b>AUTO-OWNERS INSURANCE COMPANY</b> 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	AOB10062008	10/06/2008	10/06/2009	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	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 \$
	EXCESS 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		/ /	/ /	WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ C.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 SEMINOLE COUNTY, OFFICIALS, OFFICERS AND EMPLOYEES INCLUDED AS ADDITIONAL INSUREDS. THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY, AND COVERAGE PROVIDED ARE IN FULL COMPLIANCE WITH INSURANCE REQUIREMENTS. 30 DAYS NOTICE OF CANCELLATION OR RESTRICTION OF COVERAGE. AUTO-OWNERS INSURANCE COMPANY HAS BEST RATING OF A++, NAIC 18988.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: <u>A</u>	<b>CANCELLATION</b>
SEMINOLE COUNTY  1101 E 1ST STREET SANFORD FL 32771-	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 

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>3/19/2009</b>
PRODUCER (386) 252-5546 FAX: (386) 258-2273 Hayward Brown, Inc. 202 Seabreeze Boulevard PO Box 265129 Daytona Beach FL 32126-5129	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 Great Lakes Electronics-Almet, Inc.  407 Flomich St Holly Hill FL 32117	INSURERS AFFORDING COVERAGE INSURER A: <b>Bridgefield Casualty Co</b> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # <b>Best Rating A</b>

**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
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> 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 - COM/PROP AGG \$
		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 EA ACC \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<b>B</b>		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	196-05860	10/16/2008	10/16/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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 ENDORSEMENTS/SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b> (407) 324-5731 Seminole County 1101 E First 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 <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 Mary Holt/MDH <i>Mary Holt</i>
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SA  
9GREA17

DATE (MM/DD/YYYY)  
03/19/09

**PRODUCER**  
LSG Insurance Partners  
2369 Franklin Road  
PO Box 3000  
Bloomfield Hills MI 48302-3000  
Phone: 248-332-3100 Fax: 248-332-6396

**INSURED**  
Great Lakes Electronics-  
Almet, Inc  
407 Flomich Ave  
Holly Hill FL 32117

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 #
INSURER A:	Amerisure Mutual Insurance Co	23396
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	TR	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 \$	
A	X		X	<b>AUTOMOBILE LIABILITY</b> <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	CA205981600	02/01/09	02/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
				<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A				<b>OTHER</b> Physical Damage Actual Cash Value	CA205981600	02/01/09	02/01/10	Comp Ded \$500 Coll Ded \$500	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Electronics Recycling. Seminole County, its officials, officers and employees are included as Additional Insureds for Automobile Liability as respects the ongoing operations of the named insured during the noted policy term and in accordance and full compliance of Seminole County Code, Chapter 235. Coverage is Primary/Non-contributory. Amerisure Mutual rating is A+ X.

**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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
*Robert O. Schwartz*

## **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.