

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/07/2022

Contract/Lease Control #: C18-2660-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: WASTE MANAGEMENT INC., OF FLORIDA

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 01/01/2018

Expiration Date: 09/30/2024

Description of: NON-EXCLUSIVE SOLID WASTE FRANCHISE AGREEMENT

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5774

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C18-2650-PW Tracking Number: 489422  
Procurement/Contractor/Lessee Name: waste mgmt Grant Funded: YES  NO   
Purpose: NON-exclusive commercial agent  
Date/Term: 9-30-24  
Department #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Department: PW Dept. Monitor Name: amb

1.  GREATER THAN \$100,000  
2.  GREATER THAN \$50,000  
3.  \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
DeRita Mason Date: 8-18-22  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Amber Hammonds

**2CFR Compliance Review (if required)**

Approved as written: NO Grant Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Grants Coordinator Suzanne Ulloa

**Risk Management Review**

Approved as written: see email attached Date: 8-26-22  
Risk Manager or designee Kristina LoFria

**County Attorney Review**

Approved as written: see email attached Date: 8-10-22  
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

**IT Review (if applicable)**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

## DeRita Mason

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**From:** Lynn Hoshihara  
**Sent:** Thursday, August 18, 2022 3:37 PM  
**To:** DeRita Mason  
**Cc:** Kerry Parsons; Lydia Garcia  
**Subject:** Re: Non-exclusive Commercial Franchise Agreement with Waste Management

This is approved as to legal sufficiency.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

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**From:** DeRita Mason  
**Sent:** Thursday, August 18, 2022 2:49:20 PM  
**To:** Lynn Hoshihara  
**Cc:** Kerry Parsons; Lydia Garcia  
**Subject:** FW: Non-exclusive Commercial Franchise Agreement with Waste Management

Good afternoon,  
Please review and approve.

Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP  
Senior Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

## DeRita Mason

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**From:** Lydia Garcia  
**Sent:** Thursday, August 25, 2022 2:05 PM  
**To:** 'Rainer, Doug'; Jim Reece  
**Cc:** Lynn Hoshihara; Kerry Parsons; DeRita Mason  
**Subject:** RE: Non-exclusive Commercial Franchise Agreement with Waste Management

Thank you. This is approved by Risk Management for insurance purposes.



Kind Regards,

**Lydia Garcia**  
Public Records Request & Contracts Specialist

**OKALOOSA COUNTY BCC**

Risk Management  
Direct: 850.689.4111  
Fax: 850.689.5973 |  
Email: [riskinfo@myokaloosa.com](mailto:riskinfo@myokaloosa.com)

302 N. Wilson St. Suite 301  
Crestview, FL 32539

<https://myokaloosa.com/>

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**From:** Rainer, Doug <[drainer@wm.com](mailto:drainer@wm.com)>  
**Sent:** Thursday, August 25, 2022 1:10 PM  
**To:** Lydia Garcia <[lgarcia@myokaloosa.com](mailto:lgarcia@myokaloosa.com)>; Jim Reece <[jreece@myokaloosa.com](mailto:jreece@myokaloosa.com)>  
**Cc:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>; Kerry Parsons <[kparsons@myokaloosa.com](mailto:kparsons@myokaloosa.com)>; DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Subject:** RE: Non-exclusive Commercial Franchise Agreement with Waste Management

Attached is an updated Excess Liability and Environment Site Liability policy with the language you requested. Please let me know if this takes care of everything.

Thank you,  
Doug

**Doug Rainer**  
Public Sector Solutions  
Gulf Coast Area  
[drainer@wm.com](mailto:drainer@wm.com)



WASTE MANAGEMENT HOUSTON, TX 77253

800-834-2180

For AP inquiries, please visit us at [HTTP://WM.INVOICEINFO.COM](http://WM.INVOICEINFO.COM), email [WMSC.AP@WM.COM](mailto:WMSC.AP@WM.COM), or call 1-844-492-9416.

Check No. 1000109411

Doc Date	Invoice Number / Description	Original Amount	Discount Amount	Amount Paid
06/27/2022	2022 COMMERCIAL FRANCHISE DE TO FACILITY FL0128 ATTN: DOUG RAINER	500.00	.00	500.00
Vendor Number 57436		Name OKALOOSA COUNTY FL- BOARD OF COUNTY		
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount
1000109411	08/11/2022	\$500.00	\$ .00	\$500.00

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING IN THE ENDORSEMENT SIGNATURE LINE. THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK.



Waste Management  
PO Box 3027  
Houston, TX 77253

BANK OF AMERICA  
COMMERCIAL DISBURSEMENT ACCOUNT  
NORTHBROOK, IL

CHECK NO 1000109411  
70-2328 / 719

DATE 08/11/2022

PAY EXACTLY

\*\*\*\*FIVE HUNDRED DOLLARS AND ZERO CENTS\*\*\*\*

Security features included. See back.  
PAY EXACTLY

\$ \*\*\*\*500.00

VOID AFTER 90 DAYS

*David L. Reed*

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

TO THE ORDER OF

OKALOOSA COUNTY FL- BOARD OF COUNTY  
1759 South Ferdon Blvd  
Crestview, FL 32536 United States

⑈ 1000109411⑈ ⑆ 071923284⑆ 008765731184⑈

**NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES  
FRANCHISE AGREEMENT**

This Agreement is entered into this 1st day of October, 2022, by and between Okaloosa County, Florida and Waste Management Inc. of Florida (hereinafter "Franchisee").

**ARTICLE I. DEFINITIONS**

Definitions are as defined in Chapter 11, Article IV, titled "Solid Waste Disposal" of the Okaloosa County Code of Ordinances.

**ARTICLE II. AGREEMENT TERM**

The Effective Date of this Agreement shall be when fully executed by the parties. The term of this Agreement shall begin upon full execution and shall terminate on Sep 30, 2024.

**ARTICLE III. SOLID WASTE AND RECYCLABLES COLLECTION SERVICES**

**3.1 Nonexclusive Services**

Franchisee is herein granted the nonexclusive right to provide Commercial Collection Services as defined in Chapter 11, Article IV, Division 1 of the Okaloosa County Code of Ordinances within the Service Area, which is the unincorporated areas of Okaloosa County.

**3.2 Applicable Law**

Franchisee must conduct services in accordance with all Applicable Law, as defined in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances, including, but not limited to, obtaining all required licenses and permits. Furthermore, Franchisee shall adhere to all requirements as set forth in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances. These requirements include but are not limited to, manner of collection, protection of private and public property, vehicles, record keeping and monthly reporting.

**3.3 Designated Facility**

Franchisee agrees to deliver all Solid Waste collected by the Franchisee pursuant to this Agreement to a County Designated Facility. Franchisee further agrees to pay the commercial tipping fee, established by County Resolution, for all Solid Waste collected pursuant to this Agreement.

**3.4 Title to Solid Waste**

The Franchisee agrees that the County shall have title to all Solid Waste upon disposal at the Designated Facility.

**3.5 Disposal Account**

Franchisee shall establish a disposal account with the Solid Waste Division for the disposal of Solid Waste collected and delivered to the Designated Facility. An account number shall be established for Franchisee upon opening of the account. Franchisee shall pay all monthly Solid Waste disposal rates and charges by the twentieth (20<sup>th</sup>) of each month.

**CONTRACT #: C18-2660-PW  
WASTE MANAGEMENT INC., OF  
FLORIDA  
SOLID WASTE FRANCHISE AGREEMENT  
EXPIRES: 09/30/2024**

#### ARTICLE IV. RESERVED

Not Used.

#### ARTICLE V. TERMINATION

The County may terminate this Agreement for cause; by giving Franchisee written notice, upon the happening of any one of the following events:

- a. Failure to deliver all Solid Waste to the Designated Facility; or,
- b. Contractor takes the benefit of any present or future insolvency state, or shall make a general assignment for the benefit of creditors, or file a voluntary petition in bankruptcy, or a petition or answer seeking readjustment of its indebtedness under the Federal United States, or any state thereof, or consent to the appointment of a receiver trustee, or liquidator of all or substantially all of its property; or,
- c. By order or decree of a court, Contractor shall be adjudged bankrupt, or an order shall be made approving a petition filed by any of its creditors or by any of the stockholders of Contractor seeking its reorganization or the readjustment of indebtedness under federal bankruptcy laws or under any law of statute of the United States or any state thereof; provided that, if any such judgment is stayed or vacated within sixty (60) Days after the entry thereof, any notice of cancellation shall be and become null, void, and of no effect; or,
- d. By or pursuant to or under authority of any legislative act, resolution, or rule, or any order or decree of any court or government board, agency, or office having jurisdiction, a receiver, trustee, or liquidator shall take possession or control of all or substantially all of the property of Contractor and such possession or control shall continue in effect for a period of sixty (60) Days; or,
- e. Failed to adhere to any of the provisions of this Agreement; or,
- f. Failure to pay monthly tipping fees charged by the County; or,
- ~~g. Franchisee shall voluntarily abandon, desert, or discontinue its operations hereunder; or,~~
- h. Has consistently and repeatedly violated State, Federal or local laws, ordinances, rules and regulations.

Such shall be considered a material breach of this Agreement and the Public Works Director or designee shall notify Contractor in writing of the breach. The Public Works Director shall then give Franchisee a reasonable period of time to cure any violation (the "cure period"). If within the cure period Franchisee has failed to eliminate the conditions considered to be a breach of contract or having so commenced shall fail thereafter to continue with diligence the curing thereof, the Public Works Director shall notify the Franchisee and the County Administrator.

Franchisee shall have fifteen (15) days from receipt of such notice to respond to the allegations. The County Administrator or designee shall review the response and make a

determine whether to provide a written warning, impose a fee, or terminate the Agreement. Three (3) violations resulting in written warnings shall result in an automatic termination of this Agreement. The County Administrator or designee's determination shall be final action.

## **ARTICLE VI. OTHER TERMS AND CONDITIONS**

### **6.1 Indemnification and Hold Harmless**

Franchisee shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs, to the extent caused by negligence, recklessness, or intentional, wrongful conduct of the Franchisee and other persons employed or utilized by the Franchisee in the performance of this Agreement.

### **6.2 Compliance with Laws, Governing Law, and Venue**

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, and the parties stipulate that venue shall exclusively be in Okaloosa County, Florida. Franchisee shall comply with all rules and regulations, Federal, State, and Local laws to include all codes and ordinances.

### **6.3 Modifications**

Any modifications to this Agreement must be in writing and executed by both parties.

### **6.4 Severability**

If any term or condition of this Agreement shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Agreement shall remain in full force and effect. This Agreement shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

### **6.5 Permits and Licenses**

Franchisee shall obtain, at its own expense, all permits and licenses required by law or ordinance and maintain the same in full force and effect. Any revocation of Franchisee's licenses or permits shall be reported to the County within three (3) calendar days of such revocation.

### **6.6 Franchise Non-transferable**

Franchisee acknowledges that this franchise is non-transferable as provided in Chapter 11, Article IV, Division 3.

### **6.7 Third Party Beneficiaries**

It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

### **6.8 Notice**

All notice required by this Agreement shall be in writing to the representatives listed below:



The authorized representative of the County shall be:

Director, Public Works Department  
1759 South Ferdon Boulevard  
Crestview, FL 32536

The authorized representative of the Franchisee shall be:

Domenica Farmer, Vice President

Waste Management Inc. of Florida

108 Hill Ave.

Fort Walton Beach, FL 32548

Courtesy Copy to:

Okaloosa County Purchasing Department  
Contracts & Leases  
5479-A Old Bethel Road  
Crestview, FL 32536  
850-689-5960/ 850-689-5998 (FAX)

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days prior notice of the address change.

All notices and consents required or permitted by this Agreement shall be in writing and transmitted by registered or certified mail, return receipt requested, with notice deemed to be given upon receipt, postage prepaid, and addressed to the above individuals.

## **Article VII. Insurance**

### **7.1 Franchisee's Insurance**

Franchisee shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Director.

- a. All insurance policies shall be with insurers licensed to do business in the State of Florida.
- b. All insurance shall include the interest of all entities named in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by the County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- c. "Okaloosa County" shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
- d. The County shall be furnished proof of coverage by Certificates of Insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the Public

Works Director or designee not less than ten (10) calendar days prior to the commencement of any and all contractual agreements between the County and Franchisee.

- e. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-Day notice to Franchisee.
- f. The insurance definition of Insured or Additional Insured shall include subcontractors, sub-subcontractors, and any associated or subsidiary companies of Franchisee, which are involved, and which is a part of this Agreement.
- g. The County reserves the right at any time to require Franchisee to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- h. The designation of Franchisee shall include any associated or subsidiary company which is involved and is a part of this Agreement and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- i. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) calendar days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the Public Works Director or designee.

#### 7.2 Workers' Compensation Insurance

- a. Franchisee shall secure and maintain during the life of this Agreement, Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, Franchisee shall require subcontractors similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) calendar days prior to the commencement of any and all sub-contractual agreements which have been approved by the County.
- b. Such insurance shall comply with the Florida Workers' Compensation Law.
- c. No class of employee, including Franchisee himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

#### 7.3 Business Automobile and Commercial General Liability Insurance

- a. Franchisee shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
- b. Franchisee shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both on- and off-Premises operations, Contractual Liability, Board Form Property Damage, and Professional Liability.

- c. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, Franchisee shall notify the Public Works Director or designee in writing. Public Works Director or designee shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
- d. Commercial General Liability coverage shall be endorsed to include the following:
  - Premises – Operations Liability;
  - Occurrence Bodily Injury and Property Damage Liability;
  - Independent Franchisee’s Liability; and,
  - Completed Operations and Products Liability.
- e. Franchisee shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond the termination or expiration of this Agreement.

7.4 Limits of Liability

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer’s liability with limits as prescribed in this Agreement:

	<u>LIMIT</u>
A. Worker’s Compensation	
(1) State	Statutory
(2) Employer’s Liability	\$1,000,000 each accident
B. Business Automobile & Commercial General Liability Insurance	\$1,000,000 each occurrence (A combined single limit)
C. Personal and Advertising Injury	\$250,000
D. Pollution Liability	\$10,000,000 each occurrence

7.5 Notice of Claims and Litigation

Franchisee agrees to report any incident or claim that results from performance of this Agreement. The Public Works Director or designee shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) calendar days of the Franchisee’s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Franchisee becomes aware of the incident or claim followed by a written detailed report within ten (10) calendar days of verbal notification.

7.6 Certificates of Insurance

- a. Certificates of Insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:

Okaloosa County  
5479-A Old Bethel Road  
Crestview, Florida 32536

- b. All policies shall expressly require thirty (30) calendar days written notice to the County at the address set out above, for the cancellation or material alterations of such policies, and the Certificates of Insurance, shall so provide.
- c. All certificates shall be subject to the County's approval of adequacy of protection and the satisfactory character of the Insurer.
- d. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Franchisee's full responsibility. In particular, the Franchisee shall afford full coverage as specified herein to entities listed as Additional Insured.
- e. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

#### 7.7 General Terms

- a. Any type of insurance or increase of limits of liability not described above which Franchisee requires for its own protection or on account of statute shall be its own responsibility and at its own expense.
- b. The carrying of the insurance described shall in no way be interpreted as relieving Franchisee of any responsibility under this Agreement.
- c. Should Franchisee engage a Sub Franchisee or Sub-sub Franchisee, the same conditions will apply under this Agreement to each sub Franchisee and sub-sub Franchisee.
- d. Franchisee hereby waives all rights of subrogation against the County and its consultants and other indemnities of Franchisee under all the foregoing policies of insurance.
- e. The requirement to list the County as additional insured shall be limited to the extent of Franchisee's indemnity obligation.

#### 7.8 Umbrella Insurance

Franchisee shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

IN WITNESS WHEREOF, the parties hereto have made and executed this Contract on the respective dates under each signature.

Domenica Farmer  
Signature

Domenica Farmer  
Print Name

Print Name

Date: 7, 25, 22

WITNESS

Brenda Walker  
Signature

Brenda Walker  
Print Name

OKALOOSA COUNTY, FLORIDA

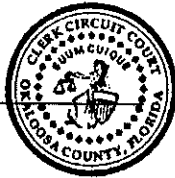
Mel Ponder  
Mel Ponder, Chairman

Date: SEP 06 2022



ATTEST:

J.D. Peacock, II  
J.D. Peacock, II, Clerk





## Okaloosa County Nonexclusive Commercial Solid Waste Collection Franchise Application Instructions



Beginning January 1, 2018, commercial waste haulers who collect solid waste from commercial businesses within the Okaloosa County (County) Service Area must hold a valid Nonexclusive Commercial Solid Waste Collection Franchise (Nonexclusive Franchise). County Ordinance makes it unlawful for any person to engage in the business of collecting solid waste for transport or disposal of commercial solid waste generated in the Service Area or to engage in the business of soliciting accounts or invoicing customers for commercial solid waste service in the Service Area without a valid Nonexclusive Franchise. The Service Area is all of unincorporated Okaloosa County. The collection of C&D is not included in the Nonexclusive Franchise and will remain open market in the Service Area.

Please allow up to 30 days for the application process from submittal to approval by the Board of County Commissioners. For questions or assistance regarding the application process, please email [swregistration@co.okaloosa.fl.us](mailto:swregistration@co.okaloosa.fl.us) or call 850-689-5774.

During the application processing period and during the full term of the Nonexclusive Franchise, all information contained in the franchise application shall be kept up-to-date by the applicant who shall file a new verified statement within forty-eight (48) hours of any change indicating in detail the nature of any change in the information.

### Application Packet

To be eligible for a Nonexclusive Franchise, the following must be completed and submitted:



#### Application

The attached application must be completed in its entirety. An incomplete form will delay the application process and may be cause for denial.

- Vehicles and Equipment

The total number of collection vehicles to be operated with the Service Area under the franchise must be reported, including any vehicles used as backup vehicles. Applicant must also complete the Vehicle Inventory Report with detailed vehicle information.



#### Drug-Free Workplace Form

The attached Drug-Free Workplace Form must be completed and submitted with the application packet.



#### Proof of Insurance

Proof of Insurance must be submitted with the application packet. Insurance limits are located in Article 7 of the Agreement. Applicant with employees must provide verification of Worker's Compensation Insurance. If applicant is Owner/Operating and has no employees, Worker's Compensation Insurance requirements are waived; however, applicant must provide a letter stating that the company has no employees and, therefore, is not required to secure Workers' Compensation Insurance. Should the company hire an employee or several

employees, the waiver is null and void, and the company must secure Workers' Compensation Insurance.



**Business License**

Please provide a copy of a valid business license.



**Vehicle Inventory Report**

All applicants must complete the Vehicle Inventory Report for all vehicles that will be used for collection pursuant to this Franchisee. A Microsoft Excel template is provided to assist the applicant with developing a Vehicle Inventory Report. Applicants are not required to utilize the template but all fields must be provided to be deemed complete. The Vehicle Inventory Report must be submitted as an electronic Microsoft Excel spreadsheet file with the application packet. In the event that a new vehicle is added during the term of the Franchise, or a vehicle is taken off the road, a revised Vehicle Inventory Report must be submitted.



**Franchise Agreement**

The Nonexclusive Commercial Solid Waste Collection Franchise Agreement is attached. Two executed copies must be submitted with the application packet.



**Application Fee**

A non-refundable application fee of \$500.00 must be submitted with the application packet. Checks or Money Orders should be made payable to "Board of County Commissioners."

**Application Review Process**

As part of the application review process, County staff may conduct a site visit of applicant's facility to verify completeness, accuracy, and validity of the application and to review applicant's internal controls regarding reporting requirements. The Contract Manager shall take into consideration all components of the application including, but not limited to, the completeness, accuracy, and validity of the application. The Contract Manger shall also have the authority to verify independently any and all statements made and implied in the application. The Contract Manager may also request clarification from any applicant of any or all elements of the submitted application.

Upon submittal, the application will be reviewed for completeness. After a review is conducted, and within fifteen (15) business days from receipt of submission, written notice will be sent to the applicant reporting the status of the application.

If the application has been deemed complete, the Public Works Director will recommend to the Board of County Commissions (Board) at the next available Board Meeting to approve and execute the Franchise Agreement. Regular Board meetings are typically conducted on the first and third Tuesday each month; however, a recommendation for award must be submitted ten (10) calendar days prior to the Board meeting. Board meetings may be cancelled at any time without notice.

If the application has been deemed incomplete, the applicant will be notified as to details causing the application to be incomplete.

**DRUG-FREE WORKPLACE CERTIFICATION**

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 7-25-22

SIGNATURE: Domenica Farmer

COMPANY: Waste Management Inc.  
of Florida

NAME: Domenica Farmer  
(Typed or Printed)

ADDRESS: 108 Hill Ave  
Fort Walton Beach, FL  
32548

TITLE: Vice President

E-MAIL: dfarmer@wm.com

PHONE NO.: 850-324-8137





# Nonexclusive Commercial Solid Waste Collection Franchise Application



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**OWNER/OPERATOR CORPORATION**

Waste Management Inc. of Florida

59-1094518

Full Corporate Name

Federal ID

Home Office Address: (Street, City, State, Zip)

Phone

108 Hill Ave, Fort Walton Beach, FL 32548

850-301-2822

Local Office Address: (Street, City, State, Zip)

Phone

**Corporate Officers: (Names)**

David Myhan

Domenica Farmer

President

Vice-President

Courtney Tippy

David Reed

Secretary

Treasurer

Office Manager

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**PARTNERSHIP**

Partnership Name

Federal ID

Business Address: (Street, City, State, Zip)

Phone

Name and Address of Partners

Phone

---

**INDIVIDUAL OWNER**

Name of Owner

Address: (Street, City, State, Zip)

Phone



**CONTACT INFORMATION**

Doug Rainer 850-499-0277  
 Primary Contact Person and Title for All Correspondence for Franchise Phone

drainer@wm.com 850-499-0277  
 E-mail Address Mobile Phone

**VEHICLES AND EQUIPMENT**

Number of Vehicles: 14

Number of Solid Waste Containers, in use and in inventory in use 1,474; inventory 130

Site Address: 108 Hill Avenue, Fort Walton Beach, FL 32548

**CERTIFICATIONS (PLEASE INITIAL AFTER EACH)**

I acknowledge that there are no outstanding state or federal tax liens against me or any property that I own. DF (Initial)

I acknowledge that I have attached all required forms. DF (Initial)

I hereby certify that by I have the authorization on behalf of Waste Management Inc. of Florida (insert business name) to submit this application. I further certify that if approved, Waste Management Inc. of Florida (insert business name) shall adhere to all requirements of Chapter 11, Article VI, relevant to Commercial Solid Waste Collection.

Domenica Farmer  
Signature

**SUBMISSION**

The application packet may be submitted electronically via e-mail to swregistration@co.okaloosa.fl.us. Please request a read receipt. Or the application packet (including \$500.00 application fee (payable to "Board of County Commissioners") and additional materials may be mailed to:

Okaloosa Public Works Department  
Attn: Commercial Recycling Application  
1759 South Ferdon Boulevard  
Crestview, FL 32536

**For Office Use Only:**

- Application
- Executed Agreement
- Proof of Insurance
- Drug-Free Workplace Cert.
- Business License
- Vehicle & Equipment Report
- Application Fee



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2023

DATE (MM/DD/YYYY)  
12/9/2021

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

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

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No., Ext):	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Fire Underwriters Insurance Company		20702
INSURER D: ACE Property & Casualty Insurance Co		20699
INSURER E:		
INSURER F:		

COVERAGES FLFTWABE CERTIFICATE NUMBER: 3494268 REVISION NUMBER: XXXXXXXX

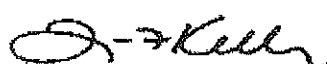
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCLL INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	HDO G72492365	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25550328	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XEUG27929242 007	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C68918595 (AOS) WLR C68918538 (AZ,CA & MA) SCF C68918637 (WI)	1/1/2022 1/1/2022 1/1/2022	1/1/2023 1/1/2023 1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25550286	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ALL DEDUCTIBLES ARE THE SOLE RESPONSIBILITY OF WASTE MANAGEMENT INC. OF FLORIDA.

## CERTIFICATE HOLDER

## CANCELLATION

3494268  OKALOOSA COUNTY 5479-A OLD BETHEL ROAD CRESTVIEW FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
--	---

**OKALOOSA COUNTY BUSINESS TAX BILLING NOTICE**

ACCOUNT NUMBER	BUSINESS NAME
7872	ENVIRONMENT WASTE SYSTEMS INC

ENVIRONMENT WASTE SYSTEMS INC  
108 HILL AVE NW  
FT WALTON BEACH, FL 32548

**IS YOUR BUSINESS CLOSED?**

To request the closure of your Okaloosa County Business Tax Receipt, please complete and submit the online form at [OkaloosaTax.com/CloseBusinessTaxAccount/](http://OkaloosaTax.com/CloseBusinessTaxAccount/)

Please review all the information on this notice for accuracy. If any of the information is incorrect, please contact the Tax Collector's Office via email at [BTRWeb@OkaloosaTax.com](mailto:BTRWeb@OkaloosaTax.com)

**BUSINESS NAME: ENVIRONMENT WASTE SYSTEMS INC**

**OWNER NAME:** MANAGEMENT INC WASTE

**ACCOUNT NUMBER:** 7872

**RECEIPT NUMBER:** 260310007653

TYPE OF BUSINESS: Non-Regulated

BUSINESS ADDRESS: 108 NW HILL AVE

FORT WALTON BEACH, FL 32548

MAILING ADDRESS: 108 HILL AVE NW

FT WALTON BEACH, FL 32548

AMOUNT	
\$35.00	
0.00	PRIOR YEARS
<input type="checkbox"/>	TOTAL DUE BY Jun 30, 2022 \$0.00
<input type="checkbox"/>	IF PAID BY Jul 31, 2022 \$0.00
<input type="checkbox"/>	IF PAID BY Aug 31, 2022 \$0.00
<input type="checkbox"/>	IF PAID BY Sep 30, 2022 \$0.00
<input type="checkbox"/>	IF PAID BY Oct 31, 2022 \$0.00

Paid 0-21012184 35.00 07/16/2021

**PAYMENT OPTIONS**

QUICKLY AND SECURELY RENEW YOUR BUSINESS TAX RECEIPT AT

**OkaloosaTax.com**

E-check is **FREE**



SCAN WITH  
PHONE  
TO RENEW

**MAIL**

P.O. Box 9  
Shallmar, FL 32579

**DROP BOX**

Located at each  
office location

**PHONE**

850.651.7300 or  
#TAX (#829) from Cell

RETAIN THIS PORTION FOR YOUR RECORDS

BALANCE DUE IS DETERMINED BY THE DATE THE PAYMENT IS POSTMARKED

PLEASE MAKE CHECKS PAYABLE TO BEN ANDERSON, TAX COLLECTOR, MAIL PAYMENTS TO P.O. BOX 9, SHALLMAR, FL 32579

**OKALOOSA COUNTY BUSINESS TAX BILLING NOTICE**

ACCOUNT NUMBER	BUSINESS NAME
7872	ENVIRONMENT WASTE SYSTEMS INC

ENVIRONMENT WASTE SYSTEMS INC  
108 HILL AVE NW  
FT WALTON BEACH, FL 32548

<b>PAY ONLINE</b> <a href="http://OkaloosaTax.com">OkaloosaTax.com</a>	AMOUNT	
<b>PAY BY MAIL</b> P.O. BOX 9 Shallmar, FL 32579	\$35.00	
	0.00	PRIOR YEARS
	<input type="checkbox"/>	TOTAL DUE BY Jun 30, 2022 \$0.00
	<input type="checkbox"/>	IF PAID BY Jul 31, 2022 \$0.00
	<input type="checkbox"/>	IF PAID BY Aug 31, 2022 \$0.00
	<input type="checkbox"/>	IF PAID BY Sep 30, 2022 \$0.00
	<input type="checkbox"/>	IF PAID BY Oct 31, 2022 \$0.00

Paid 0-21012184 35.00 07/16/2021

RETURN WITH PAYMENT

IF THE BTR HAS ALREADY BEEN RENEWED, PAYMENT CAN BE CONFIRMED AND RECEIPT PRINTED BY SCANNING THE QR CODE ABOVE OR AT [OKALOOSATAX.COM](http://OKALOOSATAX.COM)



## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/08/2020  
Contract/Lease Control #: C18-2660-PW  
Procurement#: NA  
Contract/Lease Type: AGREEMENT  
Award To/Lessee: WASTE MANAGEMENT INC., OF FLORIDA  
Owner/Lessor: OKALOOSA COUNTY  
Effective Date: 01/01/2018  
Expiration Date: 09/30/2022  
Description of: SOLID WASTE FRANCHISE AGREEMENT  
Department: PW  
Department Monitor: AUTREY  
Monitor's Telephone #: 850-689-5774  
Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2023

DATE (MM/DD/YYYY)  
12/9/2021

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

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<b>PRODUCER</b> LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT, INC OF FLORIDA 108 HILL AVENUE FORT WALTON BEACH FL 32548	<b>INSURER A:</b> ACE American Insurance Company 22667	
	<b>INSURER B:</b> Indemnity Insurance Co of North America 43575	
	<b>INSURER C:</b> ACE Fire Underwriters Insurance Company 20702	
	<b>INSURER D:</b> ACE Property & Casualty Insurance Co 20699	
	<b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** FLFTWABE **CERTIFICATE NUMBER:** 15056852 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G72492365	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25550328	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XEUG27929242 007	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WLR C68918595 (AOS) WLR C68918558 (AZ,CA & MA) SCF C68918637 (WI)	1/1/2022 1/1/2022 1/1/2022	1/1/2023 1/1/2023 1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H25550286	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) CONTAIN A SPECIAL ENDORSEMENT WITH "PRIMARY AND NONCONTRIBUTORY" WORDING. 30 DAYS NOTICE OF CANCELLATION UNDER THE POLICY.

CONTRACT: C18-2660-PW  
 WASTE MANAGEMENT INC., OF FLORIDA  
 SOLID WASTE FRANCHISE AGREEMENT  
 EXPIRES: 12/21/2021

**CERTIFICATE HOLDER**

15056852  
 OKALOOSA COUNTY BCC  
 5479-A OLD BETHEL ROAD  
 CRESTVIEW FL 32536

**CANCE**

SHOU  
 THE  
 ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

1/1/2022

DATE (MM/DD/YYYY)  
2/10/2021

C18-2660 PW

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

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PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A.C. No, Ext):	FAX (A.C. No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Fire Underwriters Insurance Company		20702
INSURER D: ACE Property & Casualty Insurance Co		20699
INSURER E:		
INSURER F:		

COVERAGES FLFTWABE CERTIFICATE NUMBER: 15056852 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71572985	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25308645	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOOG27929242 006	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WLR C6781180A (AOS) WLR C67811768 (AZ,CA & MA) SCF C67811847 (WI)	1/1/2021 1/1/2021 1/1/2021	1/1/2022 1/1/2022 1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H25308608	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED. BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) CONTAIN A SPECIAL ENDORSEMENT WITH "PRIMARY AND NONCONTRIBUTORY" WORDING. 30 DAYS NOTICE OF CANCELLATION IS INCLUDED ON THE POLICIES

CERTIFICATE HOLDER	CA	CONTRACT#: C18-2660-PW WASTE MANAGEMENT INC., OF FLORIDA SOLID WASTE FRANCHISE AGREEMENT EXPIRES: 09/30/2022
15056852 OKALOOSA COUNTY BCC 5479-A OLD BETHEL ROAD CRESTVIEW FL 32536	ST A	AUTHORIZED REPRESENTATIVE 



**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C18-2660-PW Tracking Number: 4050-20  
Procurement/Contractor/Lessee Name: Waste management Grant Funded: YES \_\_\_ NO X  
Purpose: non-exclusive commercial solid waste  
Date/Term: 9-30-21  
Department #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Department: PW Dept. Monitor Name: Auty

1.  GREATER THAN \$100,000  
2.  GREATER THAN \$50,000  
3.  \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
White Man Date: 6-15-2020  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr

**2CFR Compliance Review (if required)**

Approved as written: NO federal funds Grant Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: see email attached add general insurance Date: 8-10-2020  
Risk Manager or designee Edith Gibson or Karen Donaldson

**County Attorney Review**

Approved as written: see email attached Date: 8-18-2020  
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Department funding confirmed: \_\_\_\_\_  
Date: \_\_\_\_\_

## DeRita Mason

---

**From:** Lynn Hoshihara  
**Sent:** Monday, August 17, 2020 3:13 PM  
**To:** DeRita Mason; 'Parsons, Kerry'  
**Cc:** Lisa Price  
**Subject:** Re: Non-Exclusive Commercial Franchise - Republic Services

This agreement is approved as to legal sufficiency.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

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**From:** DeRita Mason  
**Sent:** Monday, August 10, 2020 2:59:59 PM  
**To:** 'Parsons, Kerry'; Lynn Hoshihara  
**Cc:** Lisa Price  
**Subject:** FW: Non-Exclusive Commercial Franchise - Republic Services

All,

Please review the attached.  
Lisa-Karen had previously reviewed and requested they add the following:  
Okaloosa as additional insured and waiver of subrogation on all policies.

Thank you,

DeRita Mason



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

## DeRita Mason

---

**From:** Karen Donaldson  
**Sent:** Tuesday, June 16, 2020 1:35 PM  
**To:** DeRita Mason  
**Subject:** RE: Non-Exclusive Commercial Franchise

DeRita

Under the insurance section where it says that the insurance needs to name Okaloosa County as additional insured, please add that a waiver of subrogation is required on all policies.

With this addition this is approved by risk management or insurance purposes.

Thank you

*Karen Donaldson*

Karen Donaldson  
Claims Examiner  
Public Records and Contracts Specialist  
Okaloosa County Risk Management  
302 N Wilson Street, Suite 301  
Crestview, Fl. 32536  
850.683.6207  
[KDonaldson@myokaloosa.com](mailto:KDonaldson@myokaloosa.com)



*Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

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**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Monday, June 15, 2020 4:16 PM  
**To:** Karen Donaldson <[kdonaldson@myokaloosa.com](mailto:kdonaldson@myokaloosa.com)>  
**Subject:** FW: Non-Exclusive Commercial Franchise

See attached for review.

DeRita Mason

**NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES  
FRANCHISE AGREEMENT**

This Agreement is entered into this SEP 01 2020 day of \_\_\_\_\_, by and between Okaloosa County, Florida and \_\_\_\_\_ (hereinafter "Franchisee").

**ARTICLE I. DEFINITIONS**

Definitions are as defined in Chapter 11, Article IV, titled "Solid Waste Disposal" of the Okaloosa County Code of Ordinances.

**ARTICLE II. AGREEMENT TERM**

The Effective Date of this Agreement shall be when fully executed by the parties. The term of this Agreement shall begin upon full execution and shall terminate on Sep 30, 2022.

**ARTICLE III. SOLID WASTE AND RECYCLABLES COLLECTION SERVICES**

**3.1 Nonexclusive Services**

Franchisee is herein granted the nonexclusive right to provide Commercial Collection Services as defined in Chapter 11, Article IV, Division 1 of the Okaloosa County Code of Ordinances within the Service Area, which is the unincorporated areas of Okaloosa County.

**3.2 Applicable Law**

Franchisee must conduct services in accordance with all Applicable Law, as defined in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances, including, but not limited to, obtaining all required licenses and permits. Furthermore, Franchisee shall adhere to all requirements as set forth in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances. These requirements include but are not limited to, manner of collection, protection of private and public property, vehicles, record keeping and monthly reporting.

**3.3 Designated Facility**

Franchisee agrees to deliver all Solid Waste collected by the Franchisee pursuant to this Agreement to a County Designated Facility. Franchisee further agrees to pay the commercial tipping fee, established by County Resolution, for all Solid Waste collected pursuant to this Agreement.

**3.4 Title to Solid Waste**

The Franchisee agrees that the County shall have title to all Solid Waste upon disposal at the Designated Facility.

**3.5 Disposal Account**

Franchisee shall establish a disposal account with the Solid Waste Division for the disposal of Solid Waste collected and delivered to the Designated Facility. An account number shall be established for Franchisee upon opening of the account. Franchisee shall pay all monthly Solid Waste disposal rates and charges by the twentieth (20<sup>th</sup>) of each month.

#### **ARTICLE IV. RESERVED**

Not Used.

#### **ARTICLE V. TERMINATION**

The County may terminate this Agreement for cause; by giving Franchisee written notice, upon the happening of any one of the following events:

- a. Failure to deliver all Solid Waste to the Designated Facility; or,
- b. Contractor takes the benefit of any present or future insolvency state, or shall make a general assignment for the benefit of creditors, or file a voluntary petition in bankruptcy, or a petition or answer seeking readjustment of its indebtedness under the Federal United States, or any state thereof, or consent to the appointment of a receiver trustee, or liquidator of all or substantially all of its property; or,
- c. By order or decree of a court, Contractor shall be adjudged bankrupt, or an order shall be made approving a petition filed by any of its creditors or by any of the stockholders of Contractor seeking its reorganization or the readjustment of indebtedness under federal bankruptcy laws or under any law of statute of the United States or any state thereof; provided that, if any such judgment is stayed or vacated within sixty (60) Days after the entry thereof, any notice of cancellation shall be and become null, void, and of no effect; or,
- d. By or pursuant to or under authority of any legislative act, resolution, or rule, or any order or decree of any court or government board, agency, or office having jurisdiction, a receiver, trustee, or liquidator shall take possession or control of all or substantially all of the property of Contractor and such possession of control shall continue in effect for a period of sixty (60) Days; or,
- e. Failed to adhere to any of the provisions of this Agreement; or,
- f. Failure to pay monthly tipping fees charged by the County; or,
- g. Franchisee shall voluntarily abandon, desert, or discontinue its operations hereunder; or,
- h. Has consistently and repeatedly violated State, Federal or local laws, ordinances, rules and regulations.

Such shall be considered a material breach of this Agreement and the Public Works Director or designee shall notify Contractor in writing of the breach. The Public Works Director shall then give Franchisee a reasonable period of time to cure any violation (the "cure period"). If within the cure period Franchisee has failed to eliminate the conditions considered to be a breach of contract or having so commenced shall fail thereafter to continue with diligence the curing thereof, the Public Works Director shall notify the Franchisee and the County Administrator.

Franchisee shall have fifteen (15) days from receipt of such notice to respond to the allegations. The County Administrator or designee shall review the response and make a

determine whether to provide a written warning, impose a fee, or terminate the Agreement. Three (3) violations resulting in written warnings shall result in an automatic termination of this Agreement. The County Administrator or designee's determination shall be final action.

## **ARTICLE VI. OTHER TERMS AND CONDITIONS**

### **6.1 Indemnification and Hold Harmless**

Franchisee shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs, to the extent caused by negligence, recklessness, or intentional, wrongful conduct of the Franchisee and other persons employed or utilized by the Franchisee in the performance of this Agreement.

### **6.2 Compliance with Laws, Governing Law, and Venue**

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, and the parties stipulate that venue shall exclusively be in Okaloosa County, Florida. Franchisee shall comply with all rules and regulations, Federal, State, and Local laws to include all codes and ordinances.

### **6.3 Modifications**

Any modifications to this Agreement must be in writing and executed by both parties.

### **6.4 Severability**

If any term or condition of this Agreement shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Agreement shall remain in full force and effect. This Agreement shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

### **6.5 Permits and Licenses**

Franchisee shall obtain, at its own expense, all permits and licenses required by law or ordinance and maintain the same in full force and effect. Any revocation of Franchisee's licenses or permits shall be reported to the County within three (3) calendar days of such revocation.

### **6.6 Franchise Non-transferable**

Franchisee acknowledges that this franchise is non-transferable as provided in Chapter 11, Article IV, Division 3.

### **6.7 Third Party Beneficiaries**

It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

### **6.8 Notice**

All notice required by this Agreement shall be in writing to the representatives listed below:

The authorized representative of the County shall be:

Director, Public Works Department  
1759 South Ferdon Boulevard  
Crestview, FL 32536

The authorized representative of the Franchisee shall be:

Ronnie E. Bell, Public Sector Solutions Manager  
108 Hill Avenue  
Ft. Walton Beach, FL 32548

Courtesy Copy to:

Okaloosa County Purchasing Department  
Contracts & Leases  
5479-A Old Bethel Road  
Crestview, FL 32536  
850-689-5960/ 850-689-5998 (FAX)

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days prior notice of the address change.

All notices and consents required or permitted by this Agreement shall be in writing and transmitted by registered or certified mail, return receipt requested, with notice deemed to be given upon receipt, postage prepaid, and addressed to the above individuals.

## **Article VII. Insurance**

### **7.1 Franchisee's Insurance**

Franchisee shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Director.

- a. All insurance policies shall be with insurers licensed to do business in the State of Florida.
- b. All insurance shall include the interest of all entities named in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by the County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- c. "Okaloosa County" shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
- d. The County shall be furnished proof of coverage by Certificates of Insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the Public

Works Director or designee not less than ten (10) calendar days prior to the commencement of any and all contractual agreements between the County and Franchisee.

- e. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-Day notice to Franchisee.
- f. The insurance definition of Insured or Additional Insured shall include subcontractors, sub-subcontractors, and any associated or subsidiary companies of Franchisee, which are involved, and which is a part of this Agreement.
- g. The County reserves the right at any time to require Franchisee to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- h. The designation of Franchisee shall include any associated or subsidiary company which is involved and is a part of this Agreement and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- i. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) calendar days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the Public Works Director or designee.

#### 7.2 Workers' Compensation Insurance

- a. Franchisee shall secure and maintain during the life of this Agreement, Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, Franchisee shall require subcontractors similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) calendar days prior to the commencement of any and all sub-contractual agreements which have been approved by the County.
- b. Such insurance shall comply with the Florida Workers' Compensation Law.
- c. No class of employee, including Franchisee himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

#### 7.3 Business Automobile and Commercial General Liability Insurance

- a. Franchisee shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
- b. Franchisee shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both on- and off-Premises operations, Contractual Liability, Board Form Property Damage, and Professional Liability.



- c. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, Franchisee shall notify the Public Works Director or designee in writing. Public Works Director or designee shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
- d. Commercial General Liability coverage shall be endorsed to include the following:
  - Premises – Operations Liability;
  - Occurrence Bodily Injury and Property Damage Liability;
  - Independent Franchisee’s Liability; and,
  - Completed Operations and Products Liability.
- e. Franchisee shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond the termination or expiration of this Agreement.

**7.4 Limits of Liability**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer’s liability with limits as prescribed in this Agreement:

	<u>LIMIT</u>
A. Worker’s Compensation	
(1) State	Statutory
(2) Employer’s Liability	\$1,000,000 each accident
B. Business Automobile & Commercial General Liability Insurance	\$1,000,000 each occurrence (A combined single limit)
C. Personal and Advertising Injury	\$250,000
D. Pollution Liability	\$10,000,000 each occurrence

**7.5 Notice of Claims and Litigation**

Franchisee agrees to report any incident or claim that results from performance of this Agreement. The Public Works Director or designee shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) calendar days of the Franchisee’s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Franchisee becomes aware of the incident or claim followed by a written detailed report within ten (10) calendar days of verbal notification.

**7.6 Certificates of Insurance**

- a. Certificates of Insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:

Okaloosa County  
5479-A Old Bethel Road  
Crestview, Florida 32536

- b. All policies shall expressly require thirty (30) calendar days written notice to the County at the address set out above, for the cancellation or material alterations of such policies, and the Certificates of Insurance, shall so provide.
- c. All certificates shall be subject to the County's approval of adequacy of protection and the satisfactory character of the Insurer.
- d. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Franchisee's full responsibility. In particular, the Franchisee shall afford full coverage as specified herein to entities listed as Additional Insured.
- e. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

#### 7.7 General Terms

- a. Any type of insurance or increase of limits of liability not described above which Franchisee requires for its own protection or on account of statute shall be its own responsibility and at its own expense.
- b. The carrying of the insurance described shall in no way be interpreted as relieving Franchisee of any responsibility under this Agreement.
- c. Should Franchisee engage a Sub Franchisee or Sub-sub Franchisee, the same conditions will apply under this Agreement to each sub Franchisee and sub-sub Franchisee.
- d. Franchisee hereby waives all rights of subrogation against the County and its consultants and other indemnities of Franchisee under all the foregoing policies of insurance.
- e. The requirement to list the County as additional insured shall be limited to the extent of Franchisee's indemnity obligation.

#### 7.8 Umbrella Insurance

Franchisee shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Contract on the respective dates under each signature.

*Domenica Farmer*  
Signature

Domenica Farmer  
Print Name

Date: 8 / 13 / 2020

WITNESS

*Ronnie E. Bell*  
Signature

Ronnie E. Bell  
Print Name

OKALOOSA COUNTY **SEAL** FLORIDA

*[Signature]*  
Robert A. "Trey" Goodwin III, Chairman

Date: SEP 01 2020

ATTEST

*[Signature]*  
J.D. Hancock, II, Clerk





**Nonexclusive Commercial Solid  
Waste Collection Franchise  
Application**



**OWNER/OPERATOR CORPORATION**

Waste Management Inc. of Florida  
Full Corporate Name

59-1094518  
Federal ID

100 Fannin St. Suite 4000 Houston, TX 77002  
Home Office Address: (Street, City, State, Zip)

713-512-6200  
Phone

108 Hill Avenue, Ft. Walton Beach, FL 32548  
Local Office Address: (Street, City, State, Zip)

850-301-2822  
Phone

**Corporate Officers: (Names)**

David Myhan  
President

Domenica Farmer  
Vice-President

James F. Lambros  
Secretary

David Reed  
Treasurer

\_\_\_\_\_  
Office Manager

**PARTNERSHIP**

\_\_\_\_\_  
Partnership Name

\_\_\_\_\_  
Federal ID

\_\_\_\_\_  
Business Address: (Street, City, State, Zip)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name and Address of Partners

\_\_\_\_\_  
Phone

**INDIVIDUAL OWNER**

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Address: (Street, City, State, Zip)

\_\_\_\_\_  
Phone

**DRUG-FREE WORKPLACE CERTIFICATION**

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 8/13/2020 SIGNATURE: *Domenica Farmer*  
COMPANY: Waste Management Inc. of Florida NAME: Domenica Farmer  
(Typed or Printed)  
ADDRESS: 108 Hill Avenue TITLE: Vice President  
Fort Walton Beach, FL 32548  
E-MAIL: dfarmer@wm.com  
PHONE NO.: 850-324-8137



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2021

DATE (MM/DD/YYYY)  
12/6/2019

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

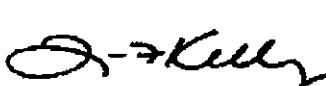
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer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

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	Indemnity Insurance Co of North America	43575
INSURER C:	ACE Fire Underwriters Insurance Company	20702
INSURER D:	ACE Property & Casualty Insurance Co	20699
INSURER E:		
INSURER F:		

**COVERAGES FLPTWABE CERTIFICATE NUMBER: 15056852 REVISION NUMBER: XXXXXXXX**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71237345	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> M/C'S-90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H25290008	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 005	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C66043058 (AOS) WLR C66043010 (AZ, CA & MA) SCF C66043095 (WI)	1/1/2020 1/1/2020 1/1/2020	1/1/2021 1/1/2021 1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25289961	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT \$5,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) CONTAIN A SPECIAL ENDORSEMENT WITH "PRIMARY AND NONCONTRIBUTORY" WORDING. 30 DAYS NOTICE OF CANCELLATION IS INCLUDED ON THE POLICIES

<b>CERTIFICATE HOLDER</b>  <b>15056852</b>  OKALOOSA COUNTY 5479-A OLD BETHEL ROAD CRESTVIEW FL 32536	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

OKALOOSA COUNTY TAX COLLECTOR  
BEN ANDERSON

2020 - 2021  
OKALOOSA COUNTY LOCAL BUSINESS TAX RECEIPT  
STATE OF FLORIDA

RECEIPT NO. 260310007653  
EXPIRES SEPTEMBER 30, 2021

BUSINESS NAME ENVIRONMENT WASTE SYSTEMS INC

TYPE OF BUSINESS Non-Regulated

BUSINESS ADDRESS 108 NW HILL AVE  
FORT WALTON BEACH, FL 32548

MAKE CHECKS PAYABLE TO: Okaloosa County Tax Collector  
P.O. Box 1387, Niceville, FL 32588

ENVIRONMENT WASTE SYSTEMS INC  
108 HILL AVE NW  
FT WALTON BEACH, FL 32548

OKALOOSA COUNTY  
Tax Collector  
View Your Account Online



SUPPLEMENTAL  
RENEWAL  
NEW BUSINESS  
TRANSFER 0.00  
ORIGINAL TAX 35.00  
AMOUNT 0.00  
PENALTY 0.00  
COLLECTION COST 0.00  
TOTAL 35.00

Paid 0-20014262 35.00 07/29/2020

X  
SIGN AND DISPLAY AS REQUIRED  
I SWEAR THAT THIS LOCAL BUSINESS TAX RECEIPT IS MADE FOR  
THE BUSINESS OR PROFESSION INDICATED HEREON AND IS TRUE  
AND CORRECT. THE APPLICATION MUST COMPLY WITH STATE AND  
LOCAL ORDINANCE, INCLUDING ZONING.

Law requires this receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another tax for the same business, profession, or occupation.

Pursuant to State Law, all Business Tax Receipts shall be issued and validated by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the business tax for the delinquent establishment.

This Receipt is a business tax only. It does not permit the licensee to violate any existing regulatory or zoning laws of the state, county, or cities nor does it exempt the business from any other tax or permits that may be required by law.

The applicant must comply with state laws and local ordinances, including zoning.

Please contact the Property Appraiser's office for information about tangible property taxes.

Failure to pay a business tax within 150 days of the initial notice can result in a civil penalty of up to \$250.

**OFFICE LOCATIONS & HOURS**

Office	Location	M	T	W	T	F
Crestview	The Brackin Building 302 N Wilson Ste 101	8:30-5	8:30-5	8:30-5	8:30-5	8:30-5
Shalmar	1250 N Eglin Pkwy Suite 101	8:30-5	8:30-5	8:30-5	8:30-5	8:30-5
Eglin AFB	310 Van Matre Ave Bldg 210	8-4:30	8-4:30	8-4:30	8-4:30	8-4:30
Hurlburt Field	120 Simpson Ave, Rm 111	8-4:30	8-4:30	8-4:30	8-4:30	8-4:30
Niceville	701 E John Sims Pkwy	8:30-5	8:30-5	8:30-5	8:30-5	8:30-5
Destin	4012 Commons Dr W Unit 122	8:30-5	8:30-5	8:30-5	8:30-5	8:30-5

Please direct any questions to our Customer Service Processing Center at (850) 651-7300, #829 from your cell phone, toll-free 1-877-TAGS-R-US (1-877-824-7787), website [www.OkaloosaTax.com](http://www.OkaloosaTax.com) or email at [WebMaster@OkaloosaTax.com](mailto:WebMaster@OkaloosaTax.com).



**BEN ANDERSON**  
Tax Collector, Okaloosa County

[www.OkaloosaTax.com](http://www.OkaloosaTax.com)

To report tax fraud call 855-489-8477 (4TX-TIPS)





## Nonexclusive Commercial Solid Waste Collection Franchise Application Vehicle Inventory Report



Seq	Asset	REL	FL	Make	Model	Year	MSRP	Cost	Make/Model	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year
1	104379	ASL	FL	AUTOCAR	ACX64	2013	168,069	CNG	McNeilus	3148	2013	31	5VCACRLE80H215151	N5558N	YES	NO	YES	YES	YES	YES
2	104330	ASL	FL	AUTOCAR	ACX64	2013	200,089	CNG	McNeilus	3148	2013	31	5VCACRLE7DH215192	N5557N	YES	NO	YES	YES	YES	YES
3	104331	ASL	FL	AUTOCAR	ACX64	2013	176,754	CNG	McNeilus	3148	2013	31	5VCACRLE1DH215193	N1792U	YES	NO	YES	YES	YES	YES
4	104332	ASL	FL	AUTOCAR	ACX64	2013	185,555	CNG	McNeilus	3148	2013	31	5VCACRLE3DH215194	N1791U	YES	NO	YES	YES	YES	YES
5	104333	ASL	FL	AUTOCAR	ACX64	2013	176,145	CNG	McNeilus	3148	2013	31	5VCACRLE5DH215195	N2199X	NO	YES	YES	YES	YES	YES
6	104334	ASL	FL	AUTOCAR	ACX64	2013	115,529	CNG	McNeilus	3148	2013	31	5VCACRLE7DH215196	N1785U	YES	NO	YES	YES	YES	YES
7	104335	ASL	FL	AUTOCAR	ACX64	2013	244,718	CNG	McNeilus	3148	2013	31	5VCACRLE9DH215197	N1784U	YES	NO	YES	YES	YES	YES
8	104336	ASL	FL	AUTOCAR	ACX64	2013	164,241	CNG	McNeilus	3148	2013	31	5VCACRLE0DH215198	N1777U	YES	NO	YES	YES	YES	YES
9	104337	ASL	FL	AUTOCAR	ACX64	2013	158,523	CNG	McNeilus	3148	2013	31	5VCACRLE7DH215199	N1786U	NO	YES	YES	YES	YES	YES
10	104338	ASL	FL	AUTOCAR	ACX64	2013	207,106	CNG	McNeilus	3148	2013	31	5VCACRLE5DH215200	N1787U	NO	YES	YES	YES	YES	YES
11	104339	ASL	FL	AUTOCAR	ACX64	2013	182,518	CNG	McNeilus	3148	2013	31	5VCACRLE7DH215201	N1788U	YES	NO	YES	YES	YES	YES
12	104340	ASL	FL	AUTOCAR	ACX64	2013	158,557	CNG	McNeilus	3148	2013	31	5VCACRLE9DH215202	N1789U	YES	NO	YES	YES	YES	YES
13	105805	ASL	FL	AUTOCAR	ACX64	2018	58,673	CNG	McNeilus	3148	2018	31	5VCACRLES1H225138	N7389Z	YES	NO	YES	YES	YES	YES
14	105806	ASL	FL	AUTOCAR	ACX64	2018	87,113	CNG	McNeilus	3148	2018	31	5VCACRLE7JH225139	N6877Z	YES	NO	YES	YES	YES	YES
15	105807	ASL	FL	AUTOCAR	ACX64	2018	69,309	CNG	McNeilus	3148	2018	31	5VCACRLES3H225140	N4752X	NO	YES	YES	YES	YES	YES
16	105808	ASL	FL	AUTOCAR	ACX64	2018	73,968	CNG	McNeilus	3148	2018	31	5VCACRLES5JH225141	N4753X	NO	YES	YES	YES	YES	YES
17	106244	ASL	FL	PETERBILT	520	2018	75,722	DIESEL	McNeilus	3148	2018	31	3BPDL0X51F197987	B65461	NO	YES	YES	YES	YES	YES
18	106245	ASL	FL	PETERBILT	520	2018	69,518	DIESEL	McNeilus	3148	2018	31	3BPDL0X51F197987	B65463	YES	NO	YES	YES	YES	YES
19	106246	ASL	FL	PETERBILT	520	2018	58,046	DIESEL	McNeilus	3148	2018	31	3BPDL0X51F197986	B65462	YES	NO	YES	YES	YES	YES
20	311805	REL	FL	FREIGHTLINER	M2112	2013	130,901	CNG	McNeilus	2511	2013	25	1FVHCS0X0DHFM231	N4356Q	YES	NO	YES	YES	YES	YES
21	311807	REL	FL	FREIGHTLINER	M2112	2013	179,310	CNG	McNeilus	2511	2013	25	1FVXG1DX0DHFM395	N4354Q	YES	NO	YES	YES	YES	YES
22	311808	REL	FL	FREIGHTLINER	M2112	2013	138,280	CNG	McNeilus	2511	2013	25	1FVXG1DX9DHFM394	N4353Q	YES	NO	YES	YES	YES	YES
23	311856	REL	FL	FREIGHTLINER	M2112	2014	147,272	CNG	McNeilus	2511	2014	25	1FVHCS0X8EHFM0758	N3020U	NO	YES	YES	YES	YES	YES
24	311857	REL	FL	FREIGHTLINER	M2112	2013	128,555	CNG	McNeilus	2511	2013	25	1FVHCS0X0EHFM0759	N3052U	YES	NO	YES	YES	YES	YES
25	311858	REL	FL	FREIGHTLINER	M2112	2014	123,885	CNG	McNeilus	2511	2014	25	1FVHCS0X6EHFM0750	N3042U	NO	NO	YES	YES	YES	YES
26	311859	REL	FL	FREIGHTLINER	M2112	2013	169,115	CNG	McNeilus	2511	2013	25	1FVHCS0X8EHFM0761	N3039U	NO	NO	YES	YES	YES	YES
27	312045	REL	FL	FREIGHTLINER	M2112	2014	135,215	CNG	McNeilus	2511	2014	25	1FVXG1DX2DHFM396	N0035V	NO	NO	YES	YES	YES	YES
28	312069	REL	FL	FREIGHTLINER	M2112	2014	121,315	CNG	McNeilus	2511	2014	25	1FVHCS0X3EHFM0781	N9562U	NO	NO	YES	YES	YES	YES
29	312071	REL	FL	FREIGHTLINER	M2112	2014	115,900	CNG	McNeilus	2511	2014	25	1FVHCS0X4EHFM0146	N0037V	NO	NO	YES	YES	YES	YES
30	312072	REL	FL	FREIGHTLINER	M2112	2014	190,374	CNG	McNeilus	2511	2014	25	1FVHCS0X6EHFM0147	N6029V	YES	NO	YES	YES	YES	YES
31	312073	REL	FL	FREIGHTLINER	M2112	2014	161,094	CNG	McNeilus	2511	2014	25	1FVHCS0X8EHFM0148	N6031V	NO	NO	YES	YES	YES	YES
32	312074	REL	FL	FREIGHTLINER	M2112	2014	169,941	CNG	McNeilus	2511	2014	25	1FVHCS0X0EHFM0149	N6030V	NO	YES	YES	YES	YES	YES
33	312075	REL	FL	FREIGHTLINER	M2112	2014	121,642	CNG	McNeilus	2511	2014	25	1FVHCS0X6EHFM0150	N6032V	NO	NO	YES	YES	YES	YES
34	414224	ROL	FL	FREIGHTLINER	M2112	2014	219,622	CNG	Galbreath	AFO174	2014	N/A	1FVHCS0X1EHFM5798	N8042X	N/A	N/A	YES	YES	YES	YES
35	414225	ROL	FL	FREIGHTLINER	M2112	2014	276,060	CNG	Galbreath	AFO175	2014	N/A	1FVHCS0X3EHFM5799	N0096V	N/A	N/A	YES	YES	YES	YES
36	414226	ROL	FL	FREIGHTLINER	M2112	2014	284,360	CNG	Galbreath	AFO176	2014	N/A	1FVHCS0X6EHFM5800	N00368V	N/A	N/A	YES	YES	YES	YES
37	633157	CD	FL	FREIGHTLINER	M2106	2018	73,511	DIESEL	Galbreath	GH800	2018	N/A	1FVACXFCXUHW3834	N0610X	N/A	N/A	YES	YES	YES	YES
38	312561	REL	FL	ISUZU	NPR	2016	44,841	DIESEL	New Way	1000HB	2017	8	1ALE5W169G7301945	G02M93	YES	NO	YES	YES	YES	YES
39	402750	ROL	SP	MACK	DM690S	1999	376,430	DIESEL	Galbreath	1560	2012	N/A	1M2B209C0XM025009	N0796Q	N/A	N/A	YES	YES	YES	YES
40	411061	ROL	FL	MACK	CV713	2005	549,252	DIESEL	Galbreath	US-10-174WM	2005	N/A	1M2AG11C25M023242	P9183B	N/A	N/A	YES	YES	YES	YES
41	209622	ROL	FL	PETERBILT	B20	2009	132,060	DIESEL	McNeilus	4029	2009	40	3BPZL00X49F718922	P1164A	N/A	N/A	YES	YES	YES	YES
42	416193	BOOM	FL	PETERBILT	365	2018	30,986	CNG	Petersen	2240XDX	2018	34	1NPSLH0XSJD490627	N9242Z	N/A	N/A	YES	YES	YES	YES





Waste Management  
P.O. Box 3027  
Houston, TX 77253

DE

For AP Inquiries, please visit us online at [HTTP://WM.INVOICEINFO.COM](http://WM.INVOICEINFO.COM),  
email [WMSC.AP@WM.COM](mailto:WMSC.AP@WM.COM), or call 1-844-492-9416.

Check No. 0014813025

Doc Date	Invoice Number / Description	Original Amount	Discount Amount	Amount Paid
08/13/2020	2233-2020 APPL FEE *04814* ATTN: RONNIE BILLED TO BU 2020 COMMERCIAL SW APPL FEE	500.00	0.00	500.00
Vendor Number 0000034150	Name Board Of County Commissioners-FL			
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount
0014813025	08/14/2020	\$500.00	\$0.00	\$500.00

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING IN THE ENDORSEMENT SIGNATURE LINE. THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK.



Waste Management  
P.O. Box 3027  
Houston, TX 77253

**BANK OF AMERICA**  
COMMERCIAL DISBURSEMENT ACCOUNT  
NORTHBROOK, IL

CHECK NO **0014813025**  
70-2328 / 719



PAY EXACTLY

DATE: 08/14/2020

PAY EXACTLY

\*\*\*\*\*FIVE HUNDRED AND XX / 100 DOLLAR\*\*\*\*\*

**\$500.00\*\*\***

VOID AFTER 90 DAYS

*David L. Reed*

AUTHORIZED SIGNATURE

TO THE  
ORDER  
OF

**BOARD OF COUNTY COMMISSIONERS-FL**

1759 South Ferdon Blvd  
Crestview, FL 32536

AUTHORIZED SIGNATURE

⑈0014813025⑈ ⑆071923284⑆ 87654⑈03178⑈

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12-21-2017

Contract/Lease Control #: C18-2660-PW

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: WASTE MANAGEMENT INC. OF FLORIDA

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 01/01/2018

Expiration Date: 09/30/2020

Description of Contract/Lease: SOLID WASTE FRANCHISE AGREEMENT

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5774

Monitor's FAX # or E-mail: JAUTREY@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2021

DATE (MM/DD/YYYY)  
12/6/2019C18-2660-PW  
C18-2660-PW

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

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

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Fire Underwriters Insurance Company		20702
INSURER D: ACE Property & Casualty Insurance Co		20699
INSURER E:		
INSURER F:		

INSURED  
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:  
WASTE MANAGEMENT, INC OF FLORIDA  
108 HILL AVENUE  
FORT WALTON BEACH FL 32548

COVERAGES FLTWA8E CERTIFICATE NUMBER: 3494269 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71237345	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H25290008	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 005	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WLR C66043058 (AOS) WLR C66043010 (AZ, CA & MA) SCF C66043095 (WI)	1/1/2020 1/1/2020 1/1/2020	1/1/2021 1/1/2021 1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H25289961	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CONTRACT#: C18-2660-PW  
 WASTE MANAGEMENT INC OF FLORIDA  
 SOLID WASTE FRANCHISE AGREEMENT  
 EXPIRES: 09/30/2020

CERTIFICATE HOLDER CANCEL

3494269

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
 101 EAST JAMES LEE BOULEVARD, SUITE 118  
 CRESTVIEW FL 32536

SHOULD THE ACCOUNT BE CANCELLED?

AUTHORIZED REPRESENTATIVE

*[Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)

12/4/2018

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

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

PRODUCER <b>LOCKTON COMPANIES</b> 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : ACE American Insurance Company		22667
INSURER B : Indemnity Insurance Co of North America		43575
INSURER C : ACE Fire Underwriters Insurance Company		20702
INSURER D :		
INSURER E :		
INSURER F :		

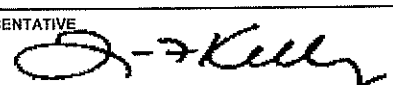
INSURED 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT, INC. 108 HILL AVENUE FORT WALTON BEACH FL 32548

COVERAGES FLFTWABE CERTIFICATE NUMBER: 12048495 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71212993	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H2527863A	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 004	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C65435846 (AOS) WLR C65435809 (CA & MA) SCF C65435883 (WI)	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H25278598	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

<b>CERTIFICATE HOLDER</b> 12048495 OKALOOSA COUNTY - RESIDENTIAL SOLID WASTE 1759 S FERDON BLVD CRESTVIEW FL 32536	<b>CONTRACT#: C18-2660-PW</b> <b>WASTE MANAGEMENT, INC OF FLORIDA</b> <b>SOLID WASTE FRANCHISE AGREEMENT</b> <b>EXPIRES: 09/30/2020</b>
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE 	

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# CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

DATE (MM/DD/YYYY)  
12/11/2017

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

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

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C: ACE Fire Underwriters Insurance Company	20702
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED  
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:  
WASTE MANAGEMENT, INC OF FLORIDA  
108 HILL AVENUE  
FORT WALTON BEACH FL 32548

COVERAGES FLFTWABE CERTIFICATE NUMBER: 15056852 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G27873091	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25097890	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 003	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C6462278A (AOS) WLR C64622778 (AZ, CA, & MA) SCF C64622791 (WI)	1/1/2018 1/1/2018 1/1/2018	1/1/2019 1/1/2019 1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25097889	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) CONTAIN A SPECIAL ENDORSEMENT WITH "PRIMARY AND NONCONTRIBUTORY" WORDING. 30 DAYS NOTICE OF CANCELLATION IS INCLUDED ON THE POLICIES

C18-2660-PW

## CERTIFICATE HOLDER

## CANCELLATION

<p>15056852</p> <p>OKALOOSA COUNTY 5479-A OLD BETHEL ROAD CRESTVIEW FL 32536</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>J. Kelly</i></p>
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# Entity Dashboard

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## WASTE MANAGEMENT INC OF FLORIDA

DUNS: 155839459 CAGE Code: 1MCC6  
 Status: Active

108 Hill Ave  
 Fort Walton Beach, FL, 32548-3859,  
 UNITED STATES

Expiration Date: 06/05/2018  
 Purpose of Registration: All Awards

### Entity Overview

#### Entity Registration Summary

**Name:** WASTE MANAGEMENT INC OF FLORIDA  
**Doing Business As:** Waste Management  
**Business Type:** Business or Organization  
**Last Updated By:** Lee Hicks  
**Registration Status:** Active  
**Activation Date:** 06/05/2017  
**Expiration Date:** 06/05/2018

#### Exclusion Summary

Active Exclusion Records? No



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- [GSA.gov](#)
- [USA.gov](#)

IBM v1.P.7.2017.1102-1229  
 WWW1

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: T610 Tracking Number: 2128-18  
Procurement/Contractor/Lessee Name: Waste Management Grant Funded: YES  NO   
Purpose: non-exclusive commercial franchise agreement  
Date/Term: 9-30-2020 1.  GREATER THAN \$100,000  
Amount: \_\_\_\_\_ 2.  GREATER THAN \$50,000  
Department: PW 3.  \$50,000 OR LESS  
Dept. Monitor Name: Audry

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
Debra Mason Date: 11-30-17  
Purchasing Director or designee Greg Kisela, Jeff Hyde, DeRita Mason, Matthew Young

**2CFR Compliance Review (if required)**

Approved as written:  
\_\_\_\_\_  
Grants Coordinator Renee Biby Date: \_\_\_\_\_

**Risk Management Review**

Approved as written:  
Krystal King Date: 12-14-17  
Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: see email attached Date: 12-4-17  
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

**Clerk Finance**

Document has been received:  
\_\_\_\_\_  
Finance Manager or designee Date: \_\_\_\_\_

## DeRita Mason

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Monday, December 04, 2017 1:08 PM  
**To:** DeRita Mason  
**Cc:** Lynn Hoshihara  
**Subject:** RE: Okaloosa County Nonexclusive Commercial Solid Waste Collection Franchise Agreement Package

The Waste Management Inc. of Florida's Nonexclusive Commercial Solid Waste Collection Franchise Agreement is approved for legal purposes.

---

**From:** DeRita Mason [mailto:dmason@co.okaloosa.fl.us]  
**Sent:** Thursday, November 30, 2017 2:02 PM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** FW: Okaloosa County Nonexclusive Commercial Solid Waste Collection Franchise Agreement Package

Please review and approve.

---

**From:** Jim Reece  
**Sent:** Thursday, November 30, 2017 12:14 PM  
**To:** DeRita Mason <dmason@co.okaloosa.fl.us>  
**Cc:** Scott Henson <shenson@co.okaloosa.fl.us>; Ashley Patrick <apatrick@co.okaloosa.fl.us>; Gayle Edge <gedge@co.okaloosa.fl.us>; Janet Thompson <jthompson@co.okaloosa.fl.us>  
**Subject:** FW: Okaloosa County Nonexclusive Commercial Solid Waste Collection Franchise Agreement Package

DeRita,  
Here is Waste Management's submission for the Non-Exclusive Franchise. Please staff the Coordination Sheet for the Dec 19 BCC meeting. I know that we are allowing for electronic submissions, but who do I send original hard copies to, if provided, for signature?  
Thank you,  
Jim

---

**From:** Ducas, Pamela [mailto:pducas@wm.com]  
**Sent:** Thursday, November 30, 2017 10:33 AM  
**To:** SWregistration <SWregistration@co.okaloosa.fl.us>; Jim Reece <jreece@co.okaloosa.fl.us>  
**Cc:** Ducas, Pamela <pducas@wm.com>  
**Subject:** Okaloosa County Nonexclusive Commercial Solid Waste Collection Franchise Agreement Package

Pursuant to Okaloosa County Ordinance #2017-05, dated April 4, 2017, Waste Management Inc. of Florida is submitting the attached application package. The original copies with application fee will be hand delivered to your office. Please let me know if you have any questions.

Regards,  
Pamela

Pamela Ducas  
Public Sector Solutions Manager  
Gulf Coast Area



**NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES  
FRANCHISE AGREEMENT**

1st January 2018

MLC, BCC Records

This Agreement is entered into this ~~21<sup>st</sup>~~ 21<sup>st</sup> day of ~~February~~ November and between Okaloosa County, Florida and Waste Management Inc. of Florida (hereinafter "Franchisee").

**ARTICLE I. DEFINITIONS**

Definitions are as defined in Chapter 11, Article IV, titled "Solid Waste Disposal" of the Okaloosa County Code of Ordinances.

**ARTICLE II. AGREEMENT TERM**

The Effective Date of this Agreement shall be when fully executed by the parties. The term of this Agreement shall begin upon full execution and shall terminate on Sep 30, 2020.

**ARTICLE III. SOLID WASTE AND RECYCLABLES COLLECTION SERVICES**

**3.1 Nonexclusive Services**

Franchisee is herein granted the nonexclusive right to provide Commercial Collection Services as defined in Chapter 11, Article IV, Division 1 of the Okaloosa County Code of Ordinances within the Service Area, which is the unincorporated areas of Okaloosa County.

**3.2 Applicable Law**

Franchisee must conduct services in accordance with all Applicable Law, as defined in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances, including, but not limited to, obtaining all required licenses and permits. Furthermore, Franchisee shall adhere to all requirements as set forth in Chapter 11, Article IV, Division 3 of the Okaloosa County Code of Ordinances. These requirements include but are not limited to, manner of collection, protection of private and public property, vehicles, record keeping and monthly reporting.

**3.3 Designated Facility**

Franchisee agrees to deliver all Solid Waste collected by the Franchisee pursuant to this Agreement to a County Designated Facility. Franchisee further agrees to pay the commercial tipping fee, established by County Resolution, for all Solid Waste collected pursuant to this Agreement.

**3.4 Title to Solid Waste**

The Franchisee agrees that the County shall have title to all Solid Waste upon disposal at the Designated Facility.

**3.5 Disposal Account**

Franchisee shall establish a disposal account with the Solid Waste Division for the disposal of Solid Waste collected and delivered to the Designated Facility. An account number shall be established for Franchisee upon opening of the account. Franchisee shall pay all monthly Solid Waste disposal rates and charges by the twentieth (20<sup>th</sup>) of each month.

**Contract # C18-2660-PW  
WASTE MANAGEMENT INC., OF FLORIDA  
SOLID WASTE FRANCHISE AGREEMENT  
EXPIRES: 09/30/2020**

#### **ARTICLE IV. RESERVED**

Not Used.

#### **ARTICLE V. TERMINATION**

The County may terminate this Agreement for cause; by giving Franchisee written notice, upon the happening of any one of the following events:

- a. Failure to deliver all Solid Waste to the Designated Facility; or,
- b. Contractor takes the benefit of any present or future insolvency state, or shall make a general assignment for the benefit of creditors, or file a voluntary petition in bankruptcy, or a petition or answer seeking readjustment of its indebtedness under the Federal United States, or any state thereof, or consent to the appointment of a receiver trustee, or liquidator of all or substantially all of its property; or,
- c. By order or decree of a court, Contractor shall be adjudged bankrupt, or an order shall be made approving a petition filed by any of its creditors or by any of the stockholders of Contractor seeking its reorganization or the readjustment of indebtedness under federal bankruptcy laws or under any law of statute of the United States or any state thereof; provided that, if any such judgment is stayed or vacated within sixty (60) Days after the entry thereof, any notice of cancellation shall be and become null, void, and of no effect; or,
- d. By or pursuant to or under authority of any legislative act, resolution, or rule, or any order or decree of any court or government board, agency, or office having jurisdiction, a receiver, trustee, or liquidator shall take possession or control of all or substantially all of the property of Contractor and such possession of control shall continue in effect for a period of sixty (60) Days; or,
- e. Failed to adhere to any of the provisions of this Agreement; or,
- f. Failure to pay monthly tipping fees charged by the County; or,
- g. Franchisee shall voluntarily abandon, desert, or discontinue its operations hereunder; or,
- h. Has consistently and repeatedly violated State, Federal or local laws, ordinances, rules and regulations.

Such shall be considered a material breach of this Agreement and the Public Works Director or designee shall notify Contractor in writing of the breach. The Public Works Director shall then give Franchisee a reasonable period of time to cure any violation (the "cure period"). If within the cure period Franchisee has failed to eliminate the conditions considered to be a breach of contract or having so commenced shall fail thereafter to continue with diligence the curing thereof, the Public Works Director shall notify the Franchisee and the County Administrator.

Franchisee shall have fifteen (15) days from receipt of such notice to respond to the allegations. The County Administrator or designee shall review the response and make a

determine whether to provide a written warning, impose a fee, or terminate the Agreement. Three (3) violations resulting in written warnings shall result in an automatic termination of this Agreement. The County Administrator or designee's determination shall be final action.

## **ARTICLE VI. OTHER TERMS AND CONDITIONS**

### **6.1 Indemnification and Hold Harmless**

Franchisee shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs, to the extent caused by negligence, recklessness, or intentional, wrongful conduct of the Franchisee and other persons employed or utilized by the Franchisee in the performance of this Agreement.

### **6.2 Compliance with Laws, Governing Law, and Venue**

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, and the parties stipulate that venue shall exclusively be in Okaloosa County, Florida. Franchisee shall comply with all rules and regulations, Federal, State, and Local laws to include all codes and ordinances.

### **6.3 Modifications**

Any modifications to this Agreement must be in writing and executed by both parties.

### **6.4 Severability**

If any term or condition of this Agreement shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Agreement shall remain in full force and effect. This Agreement shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

### **6.5 Permits and Licenses**

Franchisee shall obtain, at its own expense, all permits and licenses required by law or ordinance and maintain the same in full force and effect. Any revocation of Franchisee's licenses or permits shall be reported to the County within three (3) calendar days of such revocation.

### **6.6 Franchise Non-transferable**

Franchisee acknowledges that this franchise is non-transferable as provided in Chapter 11, Article IV, Division 3.

### **6.7 Third Party Beneficiaries**

It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

### **6.8 Notice**

All notice required by this Agreement shall be in writing to the representatives listed below:

The authorized representative of the County shall be:

Director, Public Works Department  
1759 South Ferdon Boulevard  
Crestview, FL 32536

The authorized representative of the Franchisee shall be:

Pamela Duces, Public Sector Manager  
108 N. Hill Avenue  
Fort Walton Beach, FL 32548

Courtesy Copy to:

Okaloosa County Purchasing Department  
Contracts & Leases  
5479-A Old Bethel Road  
Crestview, FL 32536  
850-689-5960/ 850-689-5998 (FAX)

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days prior notice of the address change.

All notices and consents required or permitted by this Agreement shall be in writing and transmitted by registered or certified mail, return receipt requested, with notice deemed to be given upon receipt, postage prepaid, and addressed to the above individuals.

## **Article VII. Insurance**

### **7.1 Franchisee's Insurance**

Franchisee shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Director.

- a. All insurance policies shall be with insurers licensed to do business in the State of Florida.
- b. All insurance shall include the interest of all entities named in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by the County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- c. "Okaloosa County" shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
- d. The County shall be furnished proof of coverage by Certificates of Insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the Public



Works Director or designee not less than ten (10) calendar days prior to the commencement of any and all contractual agreements between the County and Franchisee.

- e. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-Day notice to Franchisee.
- f. The insurance definition of Insured or Additional Insured shall include subcontractors, sub-subcontractors, and any associated or subsidiary companies of Franchisee, which are involved, and which is a part of this Agreement.
- g. The County reserves the right at any time to require Franchisee to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- h. The designation of Franchisee shall include any associated or subsidiary company which is involved and is a part of this Agreement and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- i. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) calendar days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the Public Works Director or designee.

#### 7.2 Workers' Compensation Insurance

- a. Franchisee shall secure and maintain during the life of this Agreement, Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, Franchisee shall require subcontractors similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) calendar days prior to the commencement of any and all sub-contractual agreements which have been approved by the County.
- b. Such insurance shall comply with the Florida Workers' Compensation Law.
- c. No class of employee, including Franchisee himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

#### 7.3 Business Automobile and Commercial General Liability Insurance

- a. Franchisee shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
- b. Franchisee shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both on- and off-Premises operations, Contractual Liability, Board Form Property Damage, and Professional Liability.

- c. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, Franchisee shall notify the Public Works Director or designee in writing. Public Works Director or designee shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
- d. Commercial General Liability coverage shall be endorsed to include the following:
  - Premises – Operations Liability;
  - Occurrence Bodily Injury and Property Damage Liability;
  - Independent Franchisee’s Liability; and,
  - Completed Operations and Products Liability.
- e. Franchisee shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond the termination or expiration of this Agreement.

#### 7.4 Limits of Liability

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer’s liability with limits as prescribed in this Agreement:

	<u>LIMIT</u>
A. Worker’s Compensation	
(1) State	Statutory
(2) Employer’s Liability	\$1,000,000 each accident
B. Business Automobile & Commercial General Liability Insurance	\$1,000,000 each occurrence (A combined single limit)
C. Personal and Advertising Injury	\$250,000
D. Pollution Liability	\$10,000,000 each occurrence

#### 7.5 Notice of Claims and Litigation

Franchisee agrees to report any incident or claim that results from performance of this Agreement. The Public Works Director or designee shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) calendar days of the Franchisee’s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Franchisee becomes aware of the incident or claim followed by a written detailed report within ten (10) calendar days of verbal notification.

#### 7.6 Certificates of Insurance

- a. Certificates of Insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:

Okaloosa County  
5479-A Old Bethel Road  
Crestview, Florida 32536

- b. All policies shall expressly require thirty (30) calendar days written notice to the County at the address set out above, for the cancellation or material alterations of such policies, and the Certificates of Insurance, shall so provide.
- c. All certificates shall be subject to the County's approval of adequacy of protection and the satisfactory character of the Insurer.
- d. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Franchisee's full responsibility. In particular, the Franchisee shall afford full coverage as specified herein to entities listed as Additional Insured.
- e. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

#### 7.7 General Terms

- a. Any type of insurance or increase of limits of liability not described above which Franchisee requires for its own protection or on account of statute shall be its own responsibility and at its own expense.
- b. The carrying of the insurance described shall in no way be interpreted as relieving Franchisee of any responsibility under this Agreement.
- c. Should Franchisee engage a Sub Franchisee or Sub-sub Franchisee, the same conditions will apply under this Agreement to each sub Franchisee and sub-sub Franchisee.
- d. Franchisee hereby waives all rights of subrogation against the County and its consultants and other indemnities of Franchisee under all the foregoing policies of insurance.
- e. The requirement to list the County as additional insured shall be limited to the extent of Franchisee's indemnity obligation.

#### 7.8 Umbrella Insurance

Franchisee shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Contract on the respective dates under each signature.

David Myhan  
Signature

DAVID MYHAN  
Print Name

Date: 11 / 21 / 17

WITNESS  
Pamela Ducas  
Signature

Pamela Ducas  
Print Name

OKALOOSA COUNTY, FLORIDA

Carolyn N. Ketchel  
Carolyn N. Ketchel, Chairman

Date: 11 / 19 / 17



ATTEST:  
J.D. Peacock, II



J.D. Peacock, II, Clerk



Nonexclusive Commercial Solid  
Waste Collection Franchise  
Application



**OWNER/OPERATOR CORPORATION**

Waste Management Inc. of Florida

Full Corporate Name

59-1094518

Federal ID

1001 Fannin Street, Suite 4000, Houston, TX

Home Office Address: (Street, City, State, Zip)

77002

713-512-6200

Phone

108 Hill Avenue, Fort Walton Beach, FL

Local Office Address: (Street, City, State, Zip)

32548

850-301-2822

Phone

**Corporate Officers: (Names)**

Tim Hawkins

President

David Myhan

Vice-President

Courtney A. Tippy

Secretary

Dawna A. Rankin

Treasurer

Office Manager

**PARTNERSHIP**

Partnership Name

Federal ID

Business Address: (Street, City, State, Zip)

Phone

Name and Address of Partners

Phone

**INDIVIDUAL OWNER**

Name of Owner

Address: (Street, City, State, Zip)

Phone



**CONTACT INFORMATION**

Pamela Ducas 850-585-5414  
 Primary Contact Person and Title for All Correspondence for Franchise Phone  
pducas@wm.com 850-585-5414  
 E-mail Address Mobile Phone

**VEHICLES AND EQUIPMENT**

Number of Vehicles: 50  
 Number of Solid Waste Containers, in use and in inventory 350 inventory / 1556 in use  
 Site Address: 108 Hill Avenue, Fort Walton Beach, FL 32548

**CERTIFICATIONS (PLEASE INITIAL AFTER EACH)**

I acknowledge that there are no outstanding state or federal tax liens against me or any property that I own.  
Om (Initial)

I acknowledge that I have attached all required forms. Om (Initial)

I hereby certify that by I have the authorization on behalf of WASTE MANAGEMENT INC. OF FLORIDA (insert business name) to submit this application. I further certify that if approved, WASTE MANAGEMENT INC. OF FLORIDA (insert business name) shall adhere to all requirements of Chapter 11, Article VI, relevant to Commercial Solid Waste Collection.

Daniel Myhan  
 Signature

**SUBMISSION**

The application packet may be submitted electronically via e-mail to [swregistration@co.okaloosa.fl.us](mailto:swregistration@co.okaloosa.fl.us). Please request a read receipt. Or the application packet (including \$500.00 application fee (payable to "Board of County Commissioners") and additional materials may be mailed to:

Okaloosa Public Works Department  
 Attn: Commercial Recycling Application  
 1759 South Ferdon Boulevard  
 Crestview, FL 32536

- For Office Use Only:**
- Application
  - Executed Agreement
  - Proof of Insurance
  - Drug-Free Workplace Cert.
  - Business License
  - Vehicle & Equipment Report
  - Application Fee

**DRUG-FREE WORKPLACE CERTIFICATION**

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 11/20/17

COMPANY: Waste Management Inc. FL

ADDRESS: 108 Hill Avenue  
 Ft. Walton Beach, FL  
32548

PHONE NO.: 800-585-5414

SIGNATURE: David Myhan

NAME: DAVID MYHAN  
(Typed or Printed)

TITLE: VICE PRESIDENT

E-MAIL: dmyhan@wm.com



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2018

DATE (MM/DD/YYYY)

11/9/2017

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

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

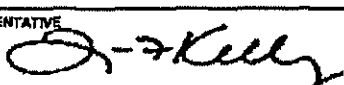
PRODUCER LOCKTON COMPANIES 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT, INC OF FLORIDA 108 HILL AVENUE FORT WALTON BEACH FL 32548	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C: ACE Property & Casualty Insurance Co	20699
	INSURER D: ACE Fire Underwriters Insurance Company	20702
	INSURER E:	
	INSURER F:	

COVERAGES FLTWABE CERTIFICATE NUMBER: 15056852 REVISION NUMBER: XXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G27860825	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMPI/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H09052884	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 002	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C49106944 (AOS) WLR C49106907 (AZ,CA.&MA) SCF C49106981 (WI)	1/1/2017 1/1/2017 1/1/2017	1/1/2018 1/1/2018 1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-RR E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input checked="" type="checkbox"/> EXCESS AUTO LIABILITY	Y	Y	XSA H09052872	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF OKALOOSA COUNTY ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. ALL POLICIES (EXCEPT WORKERS' COMPENSATION/EL) CONTAIN A SPECIAL ENDORSEMENT WITH "PRIMARY AND NONCONTRIBUTORY" WORDING. 30 DAYS NOTICE OF CANCELLATION IS INCLUDED ON THE POLICIES

CERTIFICATE HOLDER 15056852 OKALOOSA COUNTY 5479-A OLD BETHEL ROAD CRESTVIEW FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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OKALOOSA COUNTY TAX COLLECTOR  
BEN ANDERSON

2017 - 2018

OKALOOSA COUNTY LOCAL BUSINESS TAX RECEIPT  
STATE OF FLORIDA

RECEIPT NO 260310007653  
EXPIRES SEPTEMBER 30, 2018

BUSINESS NAME ENVIRONMENT WASTE SYSTEMS INC

TYPE OF BUSINESS Non-Regulated

BUSINESS ADDRESS 108 NW HILL AVE  
FORT WALTON BEACH, FL 32548

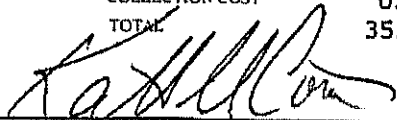
MAKE CHECKS PAYABLE TO Okaloosa County Tax Collector  
PO Box 1387, Niceville, FL 32588

ENVIRONMENT WASTE SYSTEMS INC  
108 HILL AVE NW  
FT WALTON BEACH, FL 32548

OKALOOSA COUNTY  
Tax Collector  
View Your Account Online



SUPPLEMENTAL	
RENEWAL	
NEW BUSINESS	
TRANSFER	0.00
ORIGINAL TAX	35.00
	0.00
AMOUNT	
PENALTY	0.00
COLLECTION COST	0.00
TOTAL	35.00

X   
SIGN AND DISPLAY AS REQUIRED

Paid 0-17004082 35.00 07/07/2017

I SWEAR THAT THIS LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE BUSINESS OR PROFESSION INDICATED HEREON AND IS TRUE AND CORRECT. THE APPLICATION MUST COMPLY WITH STATE AND LOCAL ORDINANCE, INCLUDING ZONING



## Nonexclusive Commercial Solid Waste Collection Franchise Application Vehicle Inventory Report



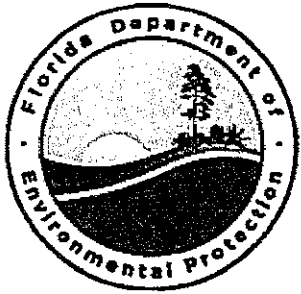
Ex. No.	Asset Number	VLE (Per Reg. 17000.0)	Franchise	Chassis Information					Body Information				Vehicle License No.	Title & Coll. Vehicle Marking						
				Make	Model	Year	Current Mileage	Fuel Type	Make	Model	Year	Capacity (Ck)		MSW	REC	Co. Imp. any.	Co. Imp. any.	Ass. et. No.	Vehicle De.	
Ex. 1	4552	REL	FL	Mack	Mru61	2016	1,200	CNG	McNeilus	4029	2013	40	1ABCD23E4FG567890	123ABC	Yes	No	Yes	Yes	Yes	No
1	104329	ASL	FL	AUTOCAR	ACX	2013	102,858	CNG	McNeilus	3148	2013	31	SVCACRLE8DH215191	N5558N	YES	NO	YES	YES	YES	
2	104330	ASL	FL	AUTOCAR	ACX	2013	111,794	CNG	McNeilus	3148	2013	31	SVCACRLEXDH215192	N5557N	YES	NO	YES	YES	YES	
3	104331	ASL	FL	AUTOCAR	ACX	2013	123,419	CNG	McNeilus	3148	2013	31	SVCACRLE1DH215193	N1792U	YES	NO	YES	YES	YES	
4	104332	ASL	FL	AUTOCAR	ACX	2013	134,996	CNG	McNeilus	3148	2013	31	SVCACRLE3DH215194	N1791U	YES	NO	YES	YES	YES	
5	104333	ASL	FL	AUTOCAR	ACX	2013	105,409	CNG	McNeilus	3148	2013	31	SVCACRLE5DH215195	N2199X	NO	YES	YES	YES	YES	
6	104334	ASL	FL	AUTOCAR	ACX	2013	73,772	CNG	McNeilus	3148	2013	31	SVCACRLE7DH215196	N1785U	YES	NO	YES	YES	YES	
7	104335	ASL	FL	AUTOCAR	ACX	2013	160,275	CNG	McNeilus	3148	2013	31	SVCACRLE9DH215197	N1784U	YES	NO	YES	YES	YES	
8	104336	ASL	FL	AUTOCAR	ACX	2013	106,961	CNG	McNeilus	3148	2013	31	SVCACRLE0DH215198	N1777U	YES	NO	YES	YES	YES	
9	104337	ASL	FL	AUTOCAR	ACX	2013	104,457	CNG	McNeilus	3148	2013	31	SVCACRLE2DH215199	N1786U	NO	YES	YES	YES	YES	
10	104338	ASL	FL	AUTOCAR	ACX	2013	136,187	CNG	McNeilus	3148	2013	31	SVCACRLE5DH215200	N1787U	NO	YES	YES	YES	YES	
11	104339	ASL	FL	AUTOCAR	ACX	2013	123,464	CNG	McNeilus	3148	2013	31	SVCACRLE7DH215201	N1788U	YES	NO	YES	YES	YES	
12	104340	ASL	FL	AUTOCAR	ACX	2013	103,111	CNG	McNeilus	3148	2013	31	SVCACRLE9DH215202	N1789U	YES	NO	YES	YES	YES	
13	311805	REL	SP	FREIGHTLINER	M2112	2013	81,896	CNG	McNeilus	2511	2013	25	1FVHCSDXDXDHFF08231	N4356Q	YES	NO	YES	YES	YES	
14	311807	REL	SP	FREIGHTLINER	M2112	2013	110,788	CNG	McNeilus	2511	2013	25	1FVXG1DX0DHFF0395	N4354Q	YES	NO	YES	YES	YES	
15	311808	REL	SP	FREIGHTLINER	M2112	2013	104,574	CNG	McNeilus	2511	2013	25	1FVXG1DX9DHFF0394	N4353Q	YES	NO	YES	YES	YES	
16	311856	REL	FL	FREIGHTLINER	M2112	2014	101,407	CNG	McNeilus	2511	2014	25	1FVHCSDX8EHFM0758	N3020U	NO	YES	YES	YES	YES	
17	311857	REL	FL	FREIGHTLINER	M2112	2013	83,405	CNG	McNeilus	2511	2013	25	1FVHCSDXXEHEFM0759	N3052U	YES	NO	YES	YES	YES	
18	311858	REL	FL	FREIGHTLINER	M2112	2014	65,750	CNG	McNeilus	2511	2014	25	1FVHCSDX6EHFM0760	N3042U	NO	NO	YES	YES	YES	
19	311859	REL	FL	FREIGHTLINER	M2112	2013	103,199	CNG	McNeilus	2511	2013	25	1FVHCSDX8EHFM0761	N3039U	NO	NO	YES	YES	YES	
20	312069	REL	FL	FREIGHTLINER	M2112	2014	65,397	CNG	McNeilus	2511	2014	25	1FVHCSDX3EHFM0781	N9562U	NO	NO	YES	YES	YES	
21	312045	REL	FL	FREIGHTLINER	M2112	2014	81,820	CNG	McNeilus	2511	2014	25	1FVXG1DX2DHFF0396	N0035V	NO	NO	YES	YES	YES	
22	310913	REL	SP	FREIGHTLINER	M2106	2010	149,274	DIESE	McNeilus	1111	2010	11	1FVACXDJOADAM8526	B361528	YES	YES	YES	YES	YES	
23	312071	REL	FL	FREIGHTLINER	M2112	2014	77,897	CNG	McNeilus	2511	2014	25	1FVHCSDX4EHFT0146	N0037V	NO	NO	YES	YES	YES	
24	312072	REL	FL	FREIGHTLINER	M2112	2014	111,974	CNG	McNeilus	2511	2014	25	1FVHCSDX6EHFT0147	N6029V	YES	NO	YES	YES	YES	
25	312073	REL	FL	FREIGHTLINER	M2112	2014	96,204	CNG	McNeilus	2511	2014	25	1FVHCSDX8EHFT0148	N6031V	NO	NO	YES	YES	YES	
26	312074	REL	FL	FREIGHTLINER	M2112	2014	108,041	CNG	McNeilus	2511	2014	25	1FVHCSDXXEHT0149	N6030V	NO	YES	YES	YES	YES	



## Nonexclusive Commercial Solid Waste Collection Franchise Application Vehicle Inventory Report



No.	Asset Number	Type	Franchise	Chassis Information					Body Information					Vehicle Id. No. (VIN)	Vehicle License No.	Materials Collection			Vehicle Marking		Vehicle De.
				Make	Model	Year	Current Mileage	Fuel Type	Make	Model	Year	Capacity	MSW			REC	Company	Company	Ass. Num.	De.	
27	312075	REL	FL	FREIGHTLINER	M2112	2014	80,588	CNG	McNeilus	2511	2014	25	1FVHC5DX6EHFT0150	N6032V	NO	NO	YES	YES	YES		
28	312561	REL	FL	IZUZU	NPR	2016	20,159	DIESE	NEWWAY	1000HB	2017	8	JALE5W169G7301945	GD2M93	YES	NO	YES	YES	YES		
29	103343	ASL	SP	PETERBILT	320	2009	84,867	DIESE	McNeilus	2647	2009	26	3BPZL00XX9F719802	N6723Z	YES	NO	YES	YES	YES		
30	103408	ASL	SP	PETERBILT	320	2010	184,040	DIESE	McNeilus	2647	2010	26	3BPZL00X2AF719894	N8050X	YES	NO	YES	YES	YES		
31	103516	ASL	SP	MACK	LE MR	2010	184,602	DIESE	McNeilus	2647	2010	26	1M2AU02C6AM004642	N6724Z	YES	NO	YES	YES	YES		
32	105805	ASL	FL	AUTOCAR	ACX	2018	3,727	CNG	McNeilus	3148	2018	31	5VCACRLE5JH225138	N7389Z	YES	NO	YES	YES	YES		
33	105806	ASL	FL	AUTOCAR	ACX	2018	4,933	CNG	McNeilus	3148	2018	31	5VCACRLE7JH225139	N6877Z	YES	NO	YES	YES	YES		
34	105807	ASL	FL	AUTOCAR	ACX	2018	3,817	CNG	McNeilus	3148	2018	31	5VCACRLE3JH225140	N4752X	NO	YES	YES	YES	YES		
35	105808	ASL	FL	AUTOCAR	ACX	2018	3,721	CNG	McNeilus	3148	2018	31	5VCACRLE5JH225141	N4753X	NO	YES	YES	YES	YES		
36	414224	ROL	SP	FREIGHTLINER	M2112	2014	115,468	CNG	Galbreath	AFIO174	2014		1FVHC5DX1EHFM5798	N80 42X	YES	NO	YES	YES	YES		
37	414225	ROL	FL	FREIGHTLINER	M2112	2014	160,818	CNG	Galbreath	AFIO174	2014		1FVHC5DX3EHFM5799	N0036V	YES	NO	YES	YES	YES		
38	414226	ROL	FL	FREIGHTLINER	M2112	2014	181,927	CNG	Galbreath	AFIO174	2014		1FVHC5DX6EHFM5800	N0038V	YES	NO	YES	YES	YES		
39	402750	ROL	SP	MACK	DM	1999	36,526	DIESE	Galbreath	1560	2012		1M2B209C0XM025009	N0796Q	YES	NO	YES	YES	YES		
40	208169	FEL	SP	Mack	MR	2005	465,844	DIESE	McNeilus	4029	2005	40	1M2K195C75M028905	N8459T	YES	NO	YES	YES	YES		



## Recovered Materials Dealers Certification

Displaying 5 results

Program	Florida DEP - Recovered Materials Dealer Reporting Program
Date	July 1, 2017 - June 30, 2018
Validation Statement	The Florida Department of Environmental Protection verifies that the below named Company reports certain recycling information and is certified in accordance with Chapter 62-722, Florida Administrative Code. Valid from July 1, 2017 - June 30, 2018, unless suspended or revoked by the Department.
Name of Applicant	WMIF-Sarasota-RA
Application Number	303

Facilities covered by this certification:

2016



FACILITY NAME	FACILITY ADDRESS	FACILITY COUNTY	FACILITY TYPE
WMIF Okaloosa County TS	630 Transit Way, Fort Walton Beach	OKALOOSA	M
WMIF Orange County RA	12100 Young Pine Rd. Orlando	ORANGE	R-c
WMIF Palm City WPR WMIF	9001 SW Busch Street, Palm City	MARTIN	M
WMIF Pinellas WPF	12950 40th Street, Clearwater	PINELLAS	M
WMIF Recycling Miami WPF	3401 NW 110 Steet, Miami	MIAMI-DADE	M
WMIF Reuters Recycling RA	20701 Pembroke Pines Rd Pembroke Pines	BROWARD	R-c
WMIF Sarasota RA	3100. N. Washington Blvd, Sarasota	SARASOTA	M
WMIF Tampa RA	3518 4th Ave, E, Tampa	HILLSBOROUGH	R-c
WMIF Tampa WPF	1620 N 53rd Street, Tampa	HILLSBOROUGH	M
WM Recycling Sun 2	2281 NW 16th Street Pompano Beach	BROWARD	M
WM Recycling Sun 3	3251 SW 26h Terrace, Dania Beach	BROWARD	M
WM Recycling Sun 4	6911 Wallis Rd. West Palm Beach	PALM BEACH	M
WM Recycling Sun 5	790 Hilbrath Drive, Lantana	PALM BEACH	M
WM Recycling Sun 6	2000 N. Miami Ave, Miami	MIAMI-DADE	M
WM Recycling Sun 10	7435 NW 41st Street, Miami	MIAMI-DADE	M
WM Recycling Sun 11	1750 SW 43rd Terrace, Deerfield Beach	BROWARD	M
WM Recycling Sun 12	2380 College Ave, Davie	BROWARD	M
WM Recycling Sun 14	3250 SW 50th Avenue, Davie	BROWARD	M



P O Box 3027  
Houston, TX 77253

For Inquiries, please call 1-844-492-9416.

Check No. 001333839

Doc Date	Invoice Number / Description	Original Amount	Discount Amount	Amount Paid
11/21/2017	2233-FF APPL FEE *2233* ATTN: LINDA CRAIG 2233-FF APPLICATION FEE	500.00	0.00	500.00
Vendor Number 000034150	Name Board Of County Commissioners-FL			
Check Number 001333839	Date 11/27/2017	Total Amount \$500.00	Discounts Taken \$0.00	Total Paid Amount \$500.00

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING IN THE ENDORSEMENT SIGNATURE LINE. THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK.



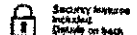
Waste Management  
P.O. Box 3027  
Houston, TX 77253

DE BANK OF AMERICA  
COMMERCIAL DISBURSEMENT ACCOUNT  
NORTHBROOK, IL

CHECK NO

001333839

70-2328 / 719



PAY EXACTLY

\$500.00\*\*\*

VOID AFTER 90 DAYS

DATE: 11/27/2017

PAY EXACTLY

\*\*\*\*FIVE HUNDRED AND XX / 100 DOLLAR\*\*\*\*

TO THE  
ORDER  
OF

BOARD OF COUNTY COMMISSIONERS-FL  
1759 South Ferdon Blvd  
Crestview, FL 32536

*Devina Rankin*

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈001333839⑈ ⑆071923284⑆ 87654⑈03178⑈