CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08/18/2022

Contract/Lease Control #: C18-2662-PW

Procurement#: <u>NA</u>

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: ALLIED SERVICES, LLC, DBA REPUBLIC SERVICES.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>01/01/2018</u>

Expiration Date: <u>09/30/2024</u>

Description of: <u>SOLID WASTE FRANCHISE AGREEMENT</u>

Department: PW

Department Monitor: <u>AUTREY</u>

Monitor's Telephone #: 850-689-5774

Monitor's FAX # or E-mail: <u>JAUTREY@MYOKALOOSA.COM</u>

Closed:

Cc: BCC RECORDS

NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT

This Agreement is entered into this $\underline{16^{th}}$ day of $\underline{\text{August}}$, by and between Okaloosa County, Florida and Alfied Woste Services LLC disa Republic Services of Fort Western Beach (hereinafter "Franchisee").

ARTICLE L 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 (20th) of each month.

CONTRACT#: C18-2662-PW
ALLIED SERVICES, LLC DBA
REPUBLIC SERVICES
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 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.

ARTCLE 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:

General Manager	
2910 North Palafox St	
Pensacola, FL 32501	
251-544-5337	

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, Nonowned & 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.	Worke	er's Compensation	
	(1)	State	Statutory
	(2)	Employer's Liability	\$1,000,000 each accident
В.	Busine	ess Automobile & Commercial	\$1,000,000 each occurrence
	Genera	al Liability Insurance	(A combined single limit)
C.	Person	nal and Advertising Injury	\$250,000
D.	Polluti	ion 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.

Signature

Andrew Rodgers

Print Name

Date: 7/11/22

Signature

Roger Shultz

Print Name

OKALOOSA COUNTY, FLORIDA

Mel Ponder, Chairman

Date: Aug/ 16, / 2022

ATTEST:

J.D. Peacock, H. Clerk



Nonexclusive Commercial Solid Waste Collection Franchise Application



OWNER/OPERATOR CORPORATION		
Allied Waste Services bda Republic Services of Fo	86-0897719	
Full Corporate Name	Federal ID	
110 Ready Avenue, NW, Fort Walton Bea	ich, FL 32548	850-301-9101
Home Office Address: (Street, City, State, Zip)		Phone
110 Ready Avenue, NW, Fort Walton Bea	ich, FL 32548	850-301-9101
Local Office Address: (Street, City, State, Zip)		Phone
Corporate Officers: (Names)		
See attached	See atta	ched
President	Vice-President	
See attached	See atta	ched
Secretary	Treasurer	
See attached		
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)	AARAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Phone





CONTACT INFORMATION		
		054 544 5007
Andrew Rodgers, General Manager	251-544-5337	
Primary Contact Person and Title for All Correspondence	e for Franchise	Phone
arodgers@republicservices.com	251-382-496	2
E-mail Address	Mobile Phone	
VEHICLES AND EQUIPMENT		
Number of Vehicles: 29		
Number of Solid Waste Containers, in use and in invent	огу <u></u> 388	
Site Address: 118 Ready Avenue, NW, Fort	Walton Beach	ı, FL 32548
CERTIFICATIONS (PLEASE INITIAL AFTER EA	ACH)	
I acknowledge that there are no outstanding state or federal (Initial) I acknowledge that I have attached all required forms.	Ω	
I hereby certify that by I have the authorization on b business name) to submit this application. ARREL VIOLED SECURISE DATA RESPICED OF FOIL WARLES BEACH. (insert business II, Article VI, relevant to Commercial Solid Waste Col.	ehalf of	(insert certify that if approved, e to all requirements of Chapter
SUBMISSION The application packet may be submitted electronically mail to swregistration@co.okaloosa.fl.us. Please requereceipt. Or the application packet (including \$500.00 a 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	est a read pplication d	r Office Use Only: Application Executed Agreement Proof of Insurance Drug-Free Workplace Cert. Business License Vehicle & Equipment Report Application Fee

Allied Services, LLC

Formed in Delaware on 11/13/1997

Status:

Current

Entity Type:

Limited Liability Company

Federal ID #: Domicile: 86-0897719

Internal #:

06

%Ownership

Primary Address

18500 North Allied Way Phoenix, Arizona 85054

Officers

<u>Title</u> President Gregg K. Brummer James G. Amick, Jr. Vice President Julia Arambula Vice President Vice President Matthew R. Healy Vice President John B. Nickerson Vice President Larson Richardson Vice President Jennifer L. Thomson Vice President Gary S. Walker Vice President Adrienne W. Wilhoit

Lawrence D. Focazio Lauren McKeon John B. Nickerson

Jennifer L. Thomson

Adrienne W. Wilhoit

Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary

Calvin R. Boyd

Treasurer

Direct Owners

Allied Green Power, LLC

Allied Waste Landfill Holdings, Inc.

Allied Waste North America, LLC

Delaware

1.0000 %

99.0000 %

Registered in

Vice President, Tax

State of Florida Department of State

I certify from the records of this office that ALLIED SERVICES, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on April 25, 2002.

The document number of this limited liability company is M02000001064.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 21, 2022, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of June, 2022



Secretary of State

Tracking Number: 5950398453CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Fllings/CertificateOfStatus/CertificateAuthentication

Allied Services, LLC

Registrations

Alabama Qualification	<u>Charter No.</u> FLL 611-706	Tax ID No.	<u>Date</u> 11/13/2006	End Date
Arizona Qualification	<u>Charter No.</u> R-0836418-0	Tax ID No.	<u>Date</u> 03/30/1998	End Date
Arkansas Qualification	<u>Charter No.</u> 100216015	Tax ID No.	<u>Date</u> 07/25/2002	End Date
Delaware Formation	<u>Charter No.</u> 2820612	Tax ID No.	<u>Date</u> 11/13/1997	End Date
Florida Qualification	<u>Charter No.</u> M02000001064	<u>Tax ID No.</u>	<u>Date</u> 04/25/2002	End Date
Georgia Qualification	Charter No. K740504	Tax ID No.	<u>Date</u> 11/20/1997	End Date
Illinois Qualification	<u>Charter No.</u> 00155659	Tax ID No.	<u>Date</u> 12/19/1997	End Date
lowa Qualification	Charter No. 248428	Tax ID No.	<u>Date</u> 12/28/2000	End Date
Kansas Qualification	<u>Charter No.</u> 2963965	Tax ID No.	<u>Date</u> 12/28/2000	End Date
Missourí Qualification	Charter No. FL0016142	Tax ID No.	<u>Date</u> 11/20/1997	End Date
North Carolina Qualification	<u>Charter No.</u> 0445776	Tax ID No.	<u>Date</u> 12/22/1997	End Date
Ohio Qualification	<u>Charter No.</u> 4812281	Tax ID No.	<u>Date</u> 02/01/2022	End Date
Oklahoma Qualification	Charter No. 3712283076	Tax ID No.	<u>Date</u> 08/17/2010	End Date
South Carolina Qualification	Charter No. none	<u>Tax ID No.</u> N/A	<u>Date</u> 12/23/1997	End Date



CERTIFICATE OF LIABILITY INSURANCE

Fraga 1 of 2

DATE (MM/DD/YYYY) 06/30/2022

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

CANNON COCHRAN MANAGEMENT SERVICES, INC.

17016 N. SCOTTSDALE RD.

SCOTTSDALE, AZ 85265

INSURER (A) ADDRESS:certificateleam@ccrisi.com

INSURER(S) AFFORDING COVERAGE

INSURER A: ACE American Insurance Co.

18500 N. ALLIEO WAY
PHOENIX, AZ 85054

INSURER C: Illinois Union Insurance Company
27960

INSURER C: INC.

INSURER C: Illinois Union Insurance Company
27960

INSURER C: INSURER C: INC.

INSURER C: ACE Fire Underwriter's Insurance Co.

20702

INSURER C: INSURER C: ACE Fire Underwriter's Insurance Co.

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INSURER C: INSURER C: ACE Fire Underwriter's Insurance Co.

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INSURER C: INSURER C: INC.

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INSURER C: INSURER C: INC.

1	ANNON COCHRAN MANAGEMENT SERVICES 7015 N. SCOTTSDALE RD.	, INC.			PHONE (A/C No.Ext): FAX (A/C No.Ext): E-MAIL ADDRESS:certificateteam@ccmsi.com					
5	COTTSDALE, AZ 85265				INSURER(S) AFFORDING COVERAGE NA					
						INSURER A: ACE American Insurance Co.				
INSU	RED							North America	43575	
	EPUBLIC SERVICES, INC.					ACE Fire Und			20702	
	8500 N. ALLIED WAY					Illinois Union	Insurance Co	mpany	27960	
۲	HOENIX, AZ 85054				INSURER E:				 	
				ER: 2133299				REVISION NUMBER:		
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	POLICY PROJECT LOC									
	OTHER.						,	PRODUCTS - COMP/OP AGG \$ 1	5,000,000	
Α	AUTOMOBILE LIABILITY			ISA H1073261A		06/30/2022	06/30/2023	COMBINED SINGLE LIMIT \$ 1	0,000,000,0	
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	X OWNED AUTOS X SCHEDULED AUTOS					1		BODILY INJURY (Per accident)		
	X HIRED AUTOS X NON-OWNED		1					L		
	ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
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_	ANY PROPRIETOR/PARTNER/EXECUTIVE N			SCF C50702182 -	- WI	06/30/2022	06/30/2023		000,000	
	OFFICER/MEMBER EXCLUDED?			WCU C50702273 TNS C68991171 -		06/30/2022	06/30/2023 06/30/2023		000,000,	
ם	If yes, describe under DESCRIPTION OF OPERATIONS below			1142 000331111	· IV MOIVO	00/30/2022	00/30/2023	E.L. DISEASE -FOLIOT CIWIT 14 C	,,000,000	
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	Contractor's Pollution Liability:	WALE				1		1		
	CRIPTION OF OPERATIONS / LOCATIONS / VE vision Number: 4463 - Named Insured Includes: /			•		•	•			
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CER	RTIFICATE HOLDER					ELLATION	ue Anove e	COODING BOLLOIGE BE CANCELLE	<u> </u>	
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	5479-A OLD BETHEL ROAD				AUTH	ORIZED REPI	RESENTATIV	E		
	CRESTVIEW, FL 32536				(PHILECOPE)					
	United States	· · · · · · · · · · · · · · · · · · ·		23.5171						

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID:		** ,	
LOC #:			



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY		NAMED INSURED		
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N, ALLIED WAY PHOENIX, AZ 85054		
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL DEMANDES			CENTIEICATE MIMPER.	1422200

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract,

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND and WA is covered under policy no. WLR C50702145 and stop gap coverage for OH is covered under policy no. WCU C50702273, as noted on page 1 of this certificate,

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C68991171) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Co. (NAIC # 23850) Policy No. PPK2432402

Contracting Operations Environmental Liability - \$10,000,000 Per Contamination Incident Professional Liability - \$10,000,000 Per Incident Policy Apprais \$10,000,000

Policy aggregate \$10,000,000

Additional Insured includes: Okaloosa County BBC, when required by written contract.

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 Statues, 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

PHONE NO.: 251-544-5337

Allied Services, LLC dba
Republic Services of Fort Walton Beach

NAME: Andrew Rodgers

NAME: Andrew Rodgers

(Typed or Printed)

TITLE: General Manager

E-MAIL: arodgers@republicservices.com

CERTIFICATE OF SECRETARY

RELATING TO THE NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT FOR OKALOOSA COUNTY IN THE STATE OF FLORIDA

The undersigned, Secretary of ALLIED SERVICES, LLC, a Delaware limited liability company (the "Company"), hereby certifies that the following is a true and correct copy of the resolution which was duly adopted by ALLIED WASTE LANDFILL HOLDINGS, INC., a Delaware corporation, the managing member of the Company (the "Managing Member") by written consent of the Managing Member on August 23, 2021, that such resolution has not been rescinded, amended or modified in any respect, and is in full force and effect on the date hereof:

RESOLVED, that (i) any individual at the time holding the position of General Manager or Area Director, Finance; and in connection with environmental solutions transactions only. General Manager; Division President; or Division Vice President Finance be, and each of them hereby is, appointed as an Authorized Agent, to act in the name and on behalf of the Company and to include the execution of related documents, in connection with the day-to-day business activities of the Company, and further, that (ii) in addition to any one of the foregoing positions, any individual at the time holding the position of Area Director, Business Development; Area Director, Operations; Market Vice President; Vice President, Environmental Services be, and each of them hereby is, appointed as an Authorized Agent to execute any bid and proposal, and if awarded, any related contract for services to be performed by the Company and any bond required by such bid, proposal or contract, all in accordance with the existing Levels of Authority and other relevant policies and procedures.

I further certify that ANDREW RODGERS holds the title of General Manager and in such capacity has full authority to act in the name and on behalf of the Company as set forth in the foregoing resolution.

WITNESS MY HAND, this 13th day of June, 2022.

Adrienne W. Withoit, Assistant Secretary

OKALOOSA COUNTY TAX COLLECTOR BEN ANDERSON

2021 - 2022

RECEIPT NO. **EXPIRES**

SUPPLEMENTAL RENEWAL.

260310402707

0.00

35.00

BUSINESS ALLIED SERVICES LLC NAME

OKALOOSA COUNTY LOCAL BUSINESS TAX RECEIPT STATE OF FLORIDA

SEPTEMBER 30, 2022

LYPE OF

Non-Regulated

BUSINESS

ADDRESS

BUSINESS 110 READY AVE

FORT WALTON BEACH, FL 32548

OKALOOSA COUNTY Tax Collector View Your Account Online

NEW BUSINESS TRANSFER 0.00 35.00 ORIGINALTAX 0.00 AMOUNT 0.00 PENALTY

MAKE CHICKS PAYABLE TO: Okaloosa County Tax Collector P.O. Box 9, Shalimar, FL 32579

> ALLIED SERVICES LLC 110 READY AVE FORT WALTON BEACH, FL 32548

SIGN AND DISPLAY AS REQUIRED

COLLECTION COST

TOTAL

I SWEAR THAT THIS LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE BUSINESS OR PROFESSION INDICATED HEREON AND IS TRUE NO CORRECT. THE APPLICATION MUST COMPLY WITH STATE AND LOCAL ORDINANCE INCLUDING ZONING.

Pald 0-21018257 35.00

08/16/2021

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	
Shallmar	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 Fleld	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 or email at WebMaster@OkaloosaTax.com.



EN AND Tax Collector, Okaloosa County

> www.OkaloosaTax.com To report tax fraud call 855-489-8477 (4TX-TIPS)



VEHICLE & EQUIPMENT REPORT FOR REPUBLIC SERVICES OF FORT WALTON BEACH

hteriotische der	TO THE SECTION OF				anga estas de angan	86 F 151 T 50 158 P		77,500,000,000								-1-7 : (3/10)
	ja läänitti e lääni Menninna				1 15	15 15 15 15 15 15 15 15				ing a series	la de arigi a .					
	Section 8	er de		(1716 5		es dia				ing Miles						100
1201	FEL	FL	Mack	Мги613	2021	DSL	HEL	γ.	2021	E1GCRMM0	P8182E	Yes	Yes	Yes	No	Yes
1204	FEL	FL	Mack	Mru613	2021	DSL	HEIL	y .	2021	E16C1LMOX	P7855D	Yes	Yes	Yes	No	Yes
1202	FEL	딦	Mack	Мпи613	2017	DSL -	HEIL	Y Company	2017	V02C8HMD	N5820Z	Yes	Yes	Yes	No) Yes
1250	HL.	FL.	Mack	Мгц613	2016	DSL	HEIL	Y	2016	V02C9GMD	N9530W	Yes	Yes	Yes	No 1	?Yes∵
1229	把	AL.	Mack	Mru613	2015	DSL	HEIL	y	2015	NV02CZFMD	N95330	- Yes	Yes	Yes	No	Yes
-1210	FEE	FL	Mack	Mru613	2021	DSL	HEIL	y	2021	E1GC8MM0	P8183E	Yes	Yes	Yes	No	Yes
1208	FEL	FL	Mack	Mru613	2021	DSL	HEIL	y	2021	E1GC6MM0	P1959F	Yes	Yes	Yes	No	Yes
1209	FEL	乱	Mack	Mru613	2021	DSL	HEL	y .	2021	E1GC4MM0	P8187E	Yes	Yes .	Yes	No	Yes
1203	ED.	- FL	Mack	Mru613	2019	DSL	HEIL	y	2019	E1GC3KM0	P2666A	Yes	Yes	Yes	No .	Yes
1220	ÆL	FL	Mack	Mfu613	2019	.::.DS}Ŀ	HEIL	y	2019	E1GC7LM00	MA29EP	Yes	Yes	Yes	- No	Yes
3496	RO	- FL	Mack -	GU813	2015	DSL	Galbreath	y.	2015	X13C3FM0	N9510U	Yes	Yes :	Yes	No	Yes
3411	RO	FL	Mack	GU813	2015	DSL	Galbreath	У	2015	X18C8FM0	N9506U	Yes	Yes	Yes	No	Yes
3499	RO	Æ	Mack	GU813	2016	DSL	Galbreath	У	2016	X13C9FM03	N9546W	Yes	Yes	Yes	No	Yes
3432	RO	FL	Mack	CV713	2005	DSU	Galbreath	y	2005	G11C95M0.	N8641X	Yes -	Yes	Yes	No	Yes
3433	RO	FL	Mack	CV713	2005	DSL	Galbreath	Ý	2005	G11C45M0	mb85di	- Yes	Yes	Yes	No	Yes
3434	RO	E	Mack	CV713	2005	DSL	Galbreath	ý	2005	G11C75M0	N8640X	Yes	Yes	Yes	No	Yes
3435	RO	FL.	Mack	CV713	2005	⊕ DSL ∞	Galbreath	у	2005	G11C46M0	mb86dl	Yes	Yes	Yes	No	Yes
3436	RO	FL	Mack	CV713	2005	DSL	Galbreath	y	2005	G11C56M0	MA30DU	Yes	Yes	Yes	No	yes :
3431	. RO	FL	Mack	C/713	2005	DSL	Galbreath	¥	2005	G11C85M0	N2965U	Yes	Yes	Yes	No	Yes
- 3438	RO	FL	Mack	CV713	2007	DSL	Galbreath	y	2007	G11C27M0	N8644X	Yes	Yes	Yes	No	Yes
3405	RO -	FL	Mack	CV713	2006	DSE	Galbreath	у	2005	G11C6GM0	P3541D	Yes	Yes	Yes	No .	ॉर्छ
3415	RO	FL	Mack	CV713	2006	DSL	Galbreath	y	2006	G11C76M0	P3542D	Yes	Yes	Yes	No	Yes
3410	RO	FL	Mack	CV713	2006	D5L :	Galbreath	у	2006	G11C46M0	232517	Yes	Yes	Yes	No	Yes -
2439	ASE	FL	Mack	Mru613	2015	DSL	HEIL	y	2015	VO2C/FMO	N9534U	Yes	Yes	Yes-	No	Yes
2429	RL	Æ	Mack	Mru613	2009	DSE	McNEILUS	у	2009	/02c39m0	р9324Б	Yes) Yes	Yes	No	Yes
2008	RL	ŦL.	Mack	mr688s	1999	DSL	LEACH	y	1999	195c2xm0	n8643x	Yes	Yes	Yes	No	Yes
2421	ASL	. FL.,	Mack	JE64	2022	DSL	HEIL	¥	2022	1gc2nm0	p4089f	Yes	Yes	Yes	No	Yes
3440	RO	'FL'	Mack	GR64b	2023	DSL	Galbreath	n	2022	2gc3pm0	p0635g	Yes	Yes	Yes	No	Yes
56	CD .	ŤĽ	FORD	F800	2013	DSL	ford	v e	2013	/F/FC2DV03		Yes	Yes	Yes	- No	Yes

LE03-AWIN MANAGEMENT INC

No 20006557

Check Date: 06/13/2022

OKALOOSA COUNTY LANDFILL 1759 SOUTH FERDON BLVD CRESTVIEW, FL 32536-9434

Vendor Number: 10017805

		TH FERDON BLVD CRESTVIEV	· ·		ber: 10017805
INVOICE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
3CC2022 URG RTD 4986 - ROGER SHULTZ FRANCHISE APPLICATION FEE 61	06/10/2022 p22		\$500.00	\$0.00	\$5 00.0
		CCOPY			
etach at perforation Before Dep	ositing Check	TOTALS:	\$500.00	\$0.00	\$500.6



LE03-AWIN MANAGEMENT INC 18500 NORTH ALLIED WAY PHOENIX ARIZONA 85054 Bank of America 52-153/112 ME Check Date 06/13/2022

Number 20006557

FIVE HUNDRED AND 00/100 DOLLARS*****

\$***500.00

Amount

Void after 180 Days

PAY OKALOOSA COUNTY LANDFILL
TO THE 1759 SOUTH FERDON BLVD
ORDER OF CRESTVIEW, FL 32536-9434

U P Red

Authorized Signature

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: C18-242-P40 Tracking Number: 4879-2
Procurement/Contractor/Lessee Name:
Purpose:
Date/Term: 93024 1. GREATER THAN \$100,000
Department #: 2. GREATER THAN \$50,000
Account #: 3. \$50,000 OR LESS
Amount: Department: Dept. Monitor Name:
Purchasing Review
Procurement or Contract/Lease requirements are met:
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr, Amber Hammonds
Approved as written: Approved as written: Approved as written: Approved as written:
Grants Coordinator Suzanne Ulloa
Risk Management Review
Approved as written: Jel mail attack Date: 8921
Risk Manager or designee Kristina LoFria
County Attorney Review / /
Approved as written: Sel mail attacks 8/2-22
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

From:

Kristina LoFria

Sent:

Tuesday, August 9, 2022 9:33 AM

To:

DeRita Mason

Subject:

RE: Non-Exclusive Commercial Franchise Application - Republic

DeRita,

Good morning, this is approved by Risk for insurance purposes.

Thank You

Kristy Lofria
Safety Coordinator

Okaloosa County BOCC-Risk Management-

302 N Wilson St Suite 301

Crestview, Florida 32536

klofria@myokaloosa.com

850-689-5979





For all things Wellness please visit: http://www.myokaloosa.com/wellness

"When the winds of adversity blow against your boat, just adjust your sail."

"Don't aim for success if you want it; just do what you love and believe in, and it will come naturally." David Frost

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 email communication, including your e-mail address, may be subject to public disclosure.

DeRita Mason

From:

Lynn Hoshihara

Sent:

Friday, August 12, 2022 9:37 AM

To:

DeRita Mason; 'Parsons, Kerry'

Subject:

Re: Republic Services and Waste Pro Franchise Agreements

These are both approved.

Lynn M. Hoshihara County Attorney Okaloosa County, Florida

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From: DeRita Mason

Sent: Friday, August 12, 2022 9:18:48 AM To: 'Parsons, Kerry'; Lynn Hoshihara

Subject: RE: Republic Services and Waste Pro Franchise Agreements

Here you go. 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

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From: Parsons, Kerry < KParsons@ngn-tally.com>

Sent: Friday, August 12, 2022 8:17 AM



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY) 06/30/2022

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 field of suci	n endorsement(s).				
PRODUCER		CONTACT NAME:				
CANNON COCHRAN MANAGEMEN	T SERVICES, INC.					
17015 N. SCOTTSDALE RD.		PHONE (A/C No.Ext):	FAX (A/C No.Ext):			
SCOTTSDALE, AZ 85255		E-MAIL ADDRESS:certificateteam@ccmsi.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: ACE American Insurance Co.		22667		
INSURED		INSURER B: Indemnity Insurance Co. of North	n America	43575		
REPUBLIC SERVICES, INC.		INSURER C: ACE Fire Underwriters Insurance Co.		20702		
18500 N. ALLIED WAY		INSURER D: Illinois Union Insurance Company	27960			
PHOENIX, AZ 85054		INSURER E:				
• •		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 2133299	REVISION NUMBER:				

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

INSR LTR			RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERA	L LIABILITY			HDO G47331067	06/30/2022	06/30/2023	EACH OCCURRENCE	\$ 5,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
									MED EXP (Any one person)	
	CEN	I N'L AGGREGATE LIMIT AP	DDI IER DED						PERSONAL & ADV INJURY	\$ 5,000,000
	GEI	POLICY PROJECT	·						GENERAL AGGREGATE	\$ 15,000,000
									PRODUCTS -COMP/OP AGG	\$ 15,000,000
		OTHER:								3
Α		OMOBILE LIABILITY ANY AUTO				ISA H1073261A	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000
	X		CHEDULED						BODILY INJURY(Per person)	
		ONLYAL	JTOS [BODILY INJURY (Per accident)	
	Х		ON-OWNED JTOS ONLY						PROPERTY DAMAGE (Per accident)	
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	
		DED RETENTION	 v \$							
34040	AND ANY I OFFIC (Mand If ye	RKERS COMPENSATIO DEMPLOYERS' LIABILL' PROPRIETOR/PARTNER/EXE CER/MEMBER EXCLUDED? datory in NH) s, describe under CRIPTION OF OPERAT	TY Y/N ECUTIVE N	N/A		WLR C50702145 - AOS WLR C5070192A - MA/OR SCF C50702182 - WI WCU C50702273 - OH XS TNS C68991171 - TX NS/XS	06/30/2022 06/30/2022 06/30/2022 06/30/2022 06/30/2022	06/30/2023	E.L. DISEASE -EA EMPLOYEE	\$ 3,000,000 \$ 3,000,000 \$ 3,000,000
	X Con	tractor's Pollution Liability:				See Page 2 for details	06/30/2022	06/30/2023		
					•	RD 101, Additional Remark , LLC - Dba: Allied Waste Ser	•	•	hed if more space is required)	

CONTRACT# C18-2662-PW ALLIED SERVICES LLC, DBA REPUBLIC SERVICES SOLID WASTE FRANCHISE AGREEMENT EXPIRES: 09/30/2022 **CERTIFICATE HOLDER** CA

> S В

OKALOOSA COUNTY BBC 5479-A OLD BETHEL ROAD

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

IN

CRESTVIEW, FL 32536 United States

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054
	NAIC CODE	
See First Page		EFFECTIVE DATE:

ADDITIONAL REMARKS

CERTIFICATE NUMBER: 2133299

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

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CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY) 06/30/2021

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CONTACT NAME:

certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 N. SCOTTSDALE RD	PHONE (A/C No.Ext): FAX (A/C No.Ext):				
SCOTTSDALE, AZ 85255	E-MAIL ADDRESS:certificateteam@ccmsi.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: ACE American Insurance Co.	22667				
INSURED	INSURER B: Indemnity Insurance Co of North America	ca 43575				
REPUBLIC SERVICES, INC.	INSURER C: ACE Fire Underwriters Insurance Co.					
18500 N. ALLIED WAY	INSURER D: Illinois Union Insurance Company					
PHOENIX, AZ 85054	INSURER E:					
	INSURER F:	1				

COVERAGES

CERTIFICATE NUMBER: 2009942

REVISION NUMBER:

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

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY			HDO G72482074	06/30/2021	06/30/2022	EACH OCCURRENCE	\$ 5,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
		ļ 		[Ì		MED EXP (Any one person)	
								PERSONAL & ADV INJURY	\$ 5,000,000
\ \	GEN	N'L AGGREGATE LIMIT APPLIES PER:					1	GENERAL AGGREGATE	\$ 5,000,000
		POLICY PROJECT LOC		ļ)	'	PRODUCTS -COMP/OP AGG	\$ 5,000,000
ĺ	_	OTHER:		i					
Α		OMOBILE LIABILITY ANY AUTO			ISA H25549752	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
i '	÷	OWNED AUTOS X SCHEDULED		İ				BODILY INJURY(Per person)	
	<u>^</u>	ONLY AUTOS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				BODILY INJURY (Per accident)	
	X	HIRED AUTOS X NON-OWNED AUTOS ONLY					;	PROPERTY DAMAGE (Per accident)	
<u> </u>		UMBRELLA LIAB LOCCUR		_	 -			EACH OCCURRENCE	
] '	L	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION \$							
		RKERS COMPENSATION Y/N DEMPLOYERS' LIABILITY	N/A		WLR C67824064 AOS WLR C67824027 CA/MA/OR	06/30/2021 06/30/2021	06/30/2022 06/30/2022	X PER OTHER	
A		PROPRIETOR/PARTNER/EXECUTIVE N			SCF C67824106 - WI	06/30/2021	06/30/2022	E.L. EACH ACCIDENT	\$ 3,000,000
		CER/MEMBER EXCLUDED?			WCU C67824143 - OH XS	06/30/2021	OO,OO,EDEE		\$ 3,000,000
		datory in NH) s, describe under			TNS C68990592 - TX NSXS	06/30/2021	06/30/2022	E.L. DISEASE -POLICY LIMIT	\$ 3,000,000
		SCRIPTION OF OPERATIONS below			<u></u>	<u> </u>			
	X Con	stractor's Pollution Liability:			See page 2 for details	06/30/2021	06/30/2022		

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

Division Number: 4463 - Named Insured Includes: Allied Services, LLC - Dba: Allied Waste Services of Fort Walton Beach

CONTRACT#: C18-2662-PW
ALLIED SERVICES LLC, DBA REPUBLIC SERVICES
SOLID WSTE FRANCHISE AGREEMENT
EXPIRES: 09/30/2022

	L	EXPIRES: 09/30/2022
	CERTIFICATE HOLDER	CANCI
		SHOL
		BEFORE THE EXPIRATION DATE THEREOF, AGAIN
	OKALOOSA COUNTY BBC	ACCORDANCE WITH THE POLICY PROVISIONS.
}	ORALOGSA COUNTY BBC	AUTHORIZED REPRESENTATIVE
	5479-A OLD BETHEL ROAD	
		(DDIL SERVICE)
	CRESTVIEW, FL 32536	Carried .
	United States	1 <i>()</i>

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID:	
LOC #:	



	NAMED INSURED
OLICY NUMBER	REPUBLIC SERVICES, INC.
See First Page	18500 N. ALLIED WAY PHOENIX, AZ 85054
ARRIER NAIC CODE	F110ENIX, A2 83034
See First Page	EFFECTIVE DATE:
ADDITIONAL REMARKS	CERTIFICATE NUMBER: 2009942
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE	<u>-</u>
The following provisions apply when required by written contract. As used	below, the term certificate holder also includes any person or organization that
the insured has become obligated to include as a result of an executed co	
GENERAL LIABILITY:	
Certificate holder is Additional Insured including on-going and completed of	operations when required by written contract.
Coverage is primary and non-contributory when required by written contra	
Waiver of Subrogation in favor of the certificate holder is included when re	quired by written contract.
AUTO LIABILITY:	
Certificate holder is Additional Insured when required by written contract. Coverage is primary and non-contributory when required by written contra	ct .
Waiver of Subrogation in favor of the certificate holder is included when re	quired by written contract.
WORKERS COMPENSATION AND EMPLOYERS LIABILITY:	
Waiver of Subrogation in favor of the certificate holder is included when re	quired by written contract where allowed by state law.
Stop gan coverage for ND WA and WV is covered under policy no WIR	C67824064 and stop gap coverage for OH is covered under policy no. WCU
C67824143, as noted on page 1 of this certificate.	COT 024004 and stop gap core age for OTT is core ed under policy no. 4400
TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:	
Insured is a registered non-subscriber to the Texas Workers Compensation	on Act. Insured has filed an approved Indemnity Plan with the Texas ees rather than the traditional Workers Compensation Insurance in Texas. The
excess policy (#TNS C68990592) shown on this certificate provides exces	is Indemnity and Employers Liability coverage for the approved Indemnity Plan.
,	
Contractual Liability is included in the General Liability and Automobile Lia	bility coverage forms. The General Liability and Automobile Liability policies do
not contain endorsements excluding Contractual Liability.	
Separation of Insured (Cross Liability) coverage is provided to the Addition	nal Insured, when required by written contract, per the Conditions of the
Commercial General Liability Coverage form and the Automobile Liability (Coverage form.
Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance C	co. (NAIC # 23850) Policy No. PPK2290912
Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance C	
·	
Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance C	ination Incident/\$10,000,000 General Aggregate
Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Contracting Operations Environmental Liability - \$10,000,000 Per Contam	ination Incident/\$10,000,000 General Aggregate
Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance C Contracting Operations Environmental Liability - \$10,000,000 Per Contam	ination Incident/\$10,000,000 General Aggregate
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Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Contracting Operations Environmental Liability - \$10,000,000 Per Contam	ination Incident/\$10,000,000 General Aggregate

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

INTERNAL COORDINATION CITED
Procurement/Contract/Lease Number: C18, 2662-YW Tracking Number: 4050-20
Procurement/Contractor/Lessee Name: Republic Semcer Grant Funded: YES_NOX
Purpose: NON-exclusive commercial solid wasto
Date/Term: 9-30-21 1. 🕱 GREATER THAN \$100,000
Department #: 2. GREATER THAN \$50,000
Account #: 3. \$50,000 OR LESS
Amount:
Department: PW Dept. Monitor Name: Out
Purchasing Review
Procurement or Contract/Lease requirements are met: Date:
2CFR Compliance Review (if required)
Approved as written: No Fedheal Ordrant Name:
Grants Coordinator Danielle Garcia
Risk Management Review
Approved as written: See small attacked 8-10-2020
Risk Manager or designee Edith Gibson or Karen Donaldson
County Attorney Review
Approved as written: Su enail attacked Date: 818-2020
County Attorney Lynn Hoshihara, Kerry Parsons or Designee
Department Funding Review
Department funding confirmed:
Date:

Revised December 17, 2019

DeRita Mason

Lynn Hoshihara From:

Monday, August 17, 2020 3:13 PM Sent: DeRita Mason; 'Parsons, Kerry' To:

Lisa Price Cc:

Re: Non-Exclusive Commercial Franchise - Republic Services Subject:

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.

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

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



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.

From: DeRita Mason <dmason@myokaloosa.com>

Sent: Monday, June 15, 2020 4:16 PM

To: Karen Donaldson kdonaldson@myokaloosa.com Subject: FW: Non-Exclusive Commercial Franchise

See attached for review.

DeRita Mason

CONTRACT#: C18-2662-PW
ALLIED SERVICES, LLC, DBA
REPUBLIC SERVICES
SOLID WASTE FRANCHISE AGREEMENT
EXPIRES: 09/30/2022

NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT

This Agreem	ent is entered into this	23rd d a	ay of July ,	by and betw	veen Okaloosa
County, Florida and	Allied Services, LLC dba Repu	blic Services of I	Fort Walton Beach (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 (20th) 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.

ARTCLE 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:

General Manager

2910 North Palafox St.

Pensacola, Florida 32501

251-544-5337

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.
- 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, Nonowned & 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:

A.	Worke	er's Compensation	<u>LIMIT</u>
	(1)	State	Statutory
	(2)	Employer's Liability	\$1,000,000 each accident
B.	Busine	ess Automobile & Commercial	\$1,000,000 each occurrence
	Gener	al Liability Insurance	(A combined single limit)
C.	Person	nal and Advertising Injury	\$250,000
D.	Polluti	ion 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.

Signature

Andrew Rodgers

Date: 07/23/2020

WITNESS

Lonnie Jones

Print Name

OKALOOSA COV

Kobert A. "Trey" Good Proper,

SEP 0 1 2020 Date:

CERTIFICATE OF SECRETARY

RELATING TO THE NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT FOR OKALOOSA COUNTY IN THE STATE OF FLORIDA

The undersigned, Secretary of ALLIED SERVICES, LLC, a Delaware limited liability company (the "Company"), hereby certifies that the following is a true and correct copy of the resolution which was duly adopted by ALLIED WASTE LANDFILL HOLDINGS, INC., a Delaware corporation, the managing member of the Company (the "Managing Member") by written consent of the Managing Member on February 24, 2016, that such resolution has not been rescinded, amended or modified in any respect, and is in full force and effect on the date hereof:

RESOLVED, that (i) any individual at the time holding the position of General Manager or Area Director, Finance be, and each of them hereby is, appointed as an Authorized Agent, to act in the name and on behalf of the Company and to include the execution of related documents, in connection with the day-to-day business activities of the Company, and further, that (ii) in addition to the General Manager or Area Director, Finance, any individual at the time holding the position of Area Director, Business Development; Area Director, Operations; or Market Vice President be, and each of them hereby is, appointed as an Authorized Agent to execute any bid and proposal, and if awarded, any related contract for services to be performed by the Company and any bond required by such bid, proposal or contract, all in accordance with the existing Levels of Authority and other relevant policies and procedures.

I further certify that ANDREW RODGERS holds the title of General Manager and in such capacity has full authority to act in the name and on behalf of the Company as set forth in the foregoing resolution.

WITNESS MY HAND, this 15th day of July, 2020.

Effect B. Schuler, Secretary



Nonexclusive Commercial Solid Waste Collection Franchise Application



OWNER/OPERATOR CORPORATION		
Allied Services, LLC dba Republic Services of Fort Walton Beach/Allied We	aste Services of Fort Walton Beach	86-0897719
Full Corporate Name		Federal ID
110 Ready Avenue, NW, Fort Walton Be	ach, Florida 32548	850-301-9101
Home Office Address: (Street, City, State, Zip)		Phone
110 Ready Avenue, NW, Fort Walton Be	ach, Florida 32548	850-301-9101
Local Office Address: (Street, City, State, Zip)		Phone
Corporate Officers: (Names)		
See attached	See attach	ed
President	Vice-President	
See attached	See attach	ed
Secretary	Treasurer	
See attached		
Office Manager		
PARTNERSHIP	·	7
Partnership Name	· · · · · · · · · · · · · · · · · · ·	Federal ID
Business Address: (Street, City, State, Zip)	· · · · · · · · · · · · · · · · · · ·	Phone
Name and Address of Partners		Phone
INDIVIDUAL OWNER	The second secon	
Name of Owner		
Address: (Street, City, State, Zip)	_	Phone

Allied Services, LLC

Formed in Delaware on 11/13/1997

Status:

Current

Entity Type:

Limited Liability Company

Federal ID #: Domicile: 86-0897719

Internal #:

06

%Ownership

Primary Address

18500 North Allied Way Phoenix, Arizona 85054

Officers

Ikle Robert B. Boyer President Jamey Amick Vice President Vice President Gregg K, Brummer Matthew R. Healy Vice President John B. Nickerson Vice President Larson Richardson Vice President Eileen B. Schuler Vice President Jennifer L. Thomson Vice President Thomas D. Ulreich-Power Vice President Shane Walker Vice President Adrienne W. Wilholt Vice President Vice President, Tax Lawrence D. Focazio

Elleen B. Schuler Secretary

John B. Nickerson Assistant Secretary
Jennifer L. Thomson Assistant Secretary
Thomas D. Ulreich-Power Assistant Secretary
Adrienne W. Wilhoit Assistant Secretary

Calvin R. Boyd Treasurer

Direct Owners

		7
Allied Green Power, LLC	Delaware	
Allied Waste Landfill Holdings, inc.	Delaware	1.0000 %
Alled Waste North America, LLC	Dejaware	99.0000 %

Registered in

Aliled Services, LLC

Registrations

Alabama	Charter No.	Tax ID No.	Date	End Date
Qualification	FLL 611-706	·	11/13/2006	
Arizona	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	R-0836418-0		03/30/1998	
Arkansas	Charter No.	Tax ID No.	Date	End Date
Qualification	100216015		07/25/2002	
Delaware	Charter No.	Tax ID No.	<u>Date</u>	End Date
Formation	2820612		11/13/1997	
Florida	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	M0200001064		04/25/2002	
Georgia	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	K740504		11/20/1997	
Illinois	Charter No.	Tax ID No.	Date	End Date
Qualification	00155659		12/19/1997	
lowa	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	248428		12/28/2000	
Kansas	Charter No.	Tax ID No.	Date	End Date
Qualification	2963965		12/28/2000	
Missouri	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	FL0016142		11/20/1997	
North Carolina	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	0445776		12/22/1997	
Oklahoma	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	3712283076		08/17/2010	
South Carolina	Charter No.	Tax ID No.	<u>Date</u>	End Date
Qualification	none	N/A	12/23/1997	

State of Florida Department of State

I certify from the records of this office that ALLIED SERVICES, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on April 25, 2002.

The document number of this limited liability company is M02000001064.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on April 27, 2020, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of July, 2020



KAUNUNKUL Secretary of State

Tracking Number: 9989336422CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication





CONTACT INFORMATION		
Andrew Rodgers, General Manager		251-544-5337
Primary Contact Person and Title for All Correspondent	ondence for Franchise	Phone
arodgers@republicservices.com	251-382-496	2
E-mail Address	Mobile Phone	
VEHICLES AND EQUIPMENT		
Number of Vehicles: 18		
Number of Solid Waste Containers, in use and in	inventory 388	
Site Address: 110 Ready Avenue, NW, Fort	Walton Beach, Flor	ida 32548
CERTIFICATIONS (PLEASE INITIAL AFT)	ER EACH)	· · · · · · · · · · · · · · · · · · ·
Incomplete that there are no outstanding state of	or federal tax liens again	st me or any property that I own.
I acknowledge that I have attached all required for	rms(Initi	al)
I hereby certify that by I have the authorization business name) to submit this applica	n on behalf of ation. I further	certify that if approved,
11, Article VI, relevant to Commercial Solid Was		<u> </u>
	-	Signature
SUBMISSION	<u> </u>	
The application packet may be submitted electro mail to swregistration@co.okaloosa.fl.us . Please	request a read	or Office Use Only:
receipt. Or the application packet (including \$500 fee (payable to "Board of County Commissioner additional materials may be mailed to: Okaloosa Public Works Department Attn: Commercial Recycling Application 1759 South Ferdon Boulevard Crestview, FL 32536	s") and C	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:

- 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.
- 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.
- 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 noise contendere to, any violation of Chapter 893, Fiorida Statues, 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.
- Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person	on authorized to sign this statement, is.	certify that this firm co	ompiles fully with the above
DATE:	6/15/2020	SIGNATURE:	
COMPANY:	Allied Services, LLC	NAME: Andrew Rodgers	V
	dba Allied Waste Services of Fort Walton		(Typed or Printed)
ADDRESS:	Republic Services of Fort Walton Bea	ph .	
	110 Ready Avenue NW	TITLE: General Manager	<u> </u>
	Fort Walton Beach, Florida 32548		
		E-MAIL: erodgera@rep	ublicservices.com_
PHONE NO.:	251-544-5337		



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 6

DATE (MM/DD/YYYY) 06/15/2020

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If

	JBROGATION IS WAIVED, subject to the to rtificate does not confer rights to the certificate.						es may req	uire an endorsement. A statemer	nt on this			
	DUCER				CONTACT	· t	•.	· · · · · · · · · · · · · · · · · · ·				
	CANNON COCHRAN MANAGEMENT SERVICES	, INC.			PHONE (A		-4-4	FAX (A/C No,Ext):				
	17015 N. SCOTTSDALE RD SCOTTSDALE, AZ 85256				E-MAIL AL	DRESS;certific INSL		RDING COVERAGE	NAIC#			
					INSURER A:	ACE America	n insurance (Co.	22667			
INSU	RED				INSURER A: ACE American Insurance Co. 2260 INSURER B: Indemnity Insurance Company of NA 435							
	REPUBLIC SERVICES, INC.					ACE Fire Unc			20702			
	18500 N. ALLIED WAY					Milyols Union	Insurance Co	mpeny	27960			
'	PHOENIX, AZ 85054				MSURER E:							
CO	VERAGES CERTIFIC	ATE N	UMB	ER: 1612786	WOOKER F.		RI	EVISION NUMBER: 1				
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	POLICY PROJECT LOC								5,000,000			
	OTHER:								7000/000			
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	CONLY LAUTOS		1					SODILY INJURY (Per accident)				
i	HIRED AUTOS X NON-OWNED AUTOS ONLY						_	PROPERTY DAMAGE (Per accident)				
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	EXCESS LIAB CLAIMS-MADE DED RETENTION \$							AGGNEGATE				
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Ĉ	AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTNEREXECUTIVE OFFICERAMEMBER EXCLUDED?			SCF C66040422		06/30/2019	06/30/2020		3,000,000 3,000,000			
Ā	Employers (N. 1917)			WCU C6604046A TNS C65221159		06/30/2019 06/30/2019	06/30/2020		3,000,000			
D	if yes, describe under DESCRIPTION OF OPERATIONS below	i			,			The second secon	-,			
	Contractor's Poliution Liability:			See page 2 for de	taile	06/30/2019	06/30/2020	· · · · · · · · · · · · · · · · · · ·				
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					BEFO	RE THE EXPI	RATION DAT	E THEREOF, NOTICE WILL BE DELIV				
l						RDANCE WIT ORIZED REPI		CY PROVISIONS.				
l	OKALOOSA COUNTY				AUIN	OKIKEU KEM	ZEGERIAIN					
l	5479-A OLD BETHEL ROAD				111	a) n	, 0	RINO				
	CRESTVIEW, FL 32536 United States				100			gener C				

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 6

AGENCY		NAMED INSURED
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054
CARRER See First Page	NAIC CODE	
Ababasa presence		EFFECTIVE DATE:

CERTIFICATE NUMBER: 1612785

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: <u>CERTIFICATE OF LIABILITY INSURANCE</u>

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Walver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C66040380 and stop gap coverage for OH is covered under policy no. WCU C6604046A, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas, The excess policy (#TNS C65221159) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of insured (Cross Liability) coverage is provided to the Additional insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Co. (NAIC # 23850) Policy No. PPK1992482

Contracting Operations Environmental Liability - \$10,000,000 Per Contamination Incident/\$10,000,000 General Aggregate Professional Liability - \$10,000,000 Per Incident/\$10,000,000 General Aggregate

Additional Insured includes: Okaloosa County, when required by written contract.

3

POLICY NUMBER: HDO G71570848

Endorsement Number: 239

COMMERCIAL GENERAL LIABILITY GG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEOULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing operations for such additional insured pursuant to any such written contract,

- A. Section II Who Is An Insured Is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions: or
 - 2. The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III — Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of insurance shown in the Declarations.

POLICY NUMBER: HDO G71570848

Endorsement Number: 269

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision: any state, governmental agency or political subdivision that has issued a permit or authorization to you in connection with your operations.

information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section if Who is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - This insurance applies only with respect to operations parformed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has lesued a permit or authorization.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
 - a. "Bodily Injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits of insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of insurance shown in the Declarations.

3

ADDITIONAL INSURED DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured	Republic Services, Inc.		Endorsement Number 22
	H25297635	Policy Period 06/30/2019 TO 06/30/2020	Effective Date of Endorsement
ACE America	e of Insurance Company) an Insurance Company antal, The resoluter of the later	ration is to be completed only when this endocument	E issued authorized to the proposition of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional insured(s): Any person or creanization whom you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
 - 1. You.
 - 2. Any of your "employees" or agents.
 - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this undorsement are not jubic for payment of your premium.



OKALOOSA COUNTY TAX COLLECTOR BENANDERSON

2019 - 2020

OKALOOSA COUNTY LOCAL BUSINESS TAX RECEIPT STATE OF FLORIDA

RECEIPT NO. 260310402707

RUSINISS ALLIED SERVICES LLC

EXPIRES

SEPTEMBER 30, 2020

NAME

SUPPLEMENTAL.

RENEWAL

TYPE OF BUSINESS Non-Regulated

NEW RUSINESS

BUSINESS 110 READY AVE

OKALOOSA COUNTY

TRANSFER 0.00 ORIGINAL TAX

Tax Collector

TOTAL

35.00 0.00

ADDRESS FORT WALTON BEACH, FL 32548

View Your Account Online

AMOUNT PENALTY

COLLECTION COST

0.00 0.00

35.00

MAKE CHECKS PAYABLE TO. Okuloosu County Tax Collector P.O. Box 1387, Niceville, 51, 32388

ALLIED SERVICES LLC 110 READY AVE FORT WALTON BEACH, FL. 32548

SIGN AND DISPLAY AS REQUIRED

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

Paid 0-19007415

35,00

07/18/2019



Nonexclusive Commercial Solid Waste Collection Franchise Application Vehicle Inventory Report

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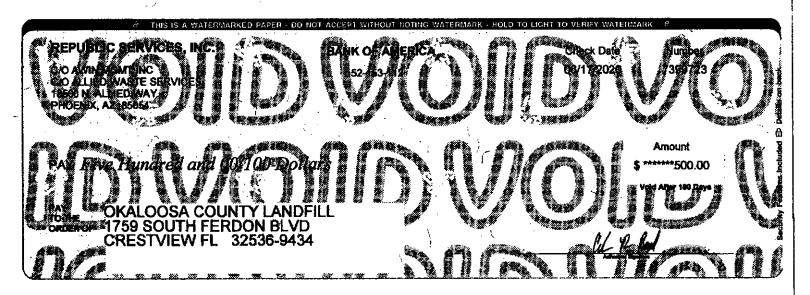


No. 7399723

Check Date: 6/17/20

KALOOSA COUNTY LANDFILL, 1759 SO	O LU LEVOON D	LAN, CUEDIAIENA LE 32930		AALIGOL	Number: 548423
NVOICE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
OKALOOSAFFAPPL 061520 URG RTD 4986-AJ RODGERS FRANCH APPLICATION FEE	06/15/2020 ISE	5483704	\$500.00	\$0.00	\$500.00
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Page 1 of 1





CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 6

DATE (MM/DD/YYYY) 06/26/2020

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.

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). CONTACT NAME: PRODUCER PHONE (A/C No.Ext): FAX (A/C No.Ext): CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 N. SCOTTSDALE RD E-MAIL ADDRESS:certificateteam@ccmsi.com SCOTTSDALE, AZ 85255 INSURER(S) AFFORDING COVERAGE NAIC # 22667 INSURER A: ACE American Insurance Co INSURED 43575 INSURER B: Indemnity Insurance Company of NA INSURER C: ACE Fire Underwriters REPUBLIC SERVICES, INC. 20702 18500 N. ALLIED WAY INSURER D: Illinois Union Insurance Company 27960 PHOENIX, AZ 85054 INSURER E: INSURER F: REVISION NUMBER: COVERAGES **CERTIFICATE NUMBER: 1745892** 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. ADDL SUBR INSR POLICY FFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD | WVD (MM/DD/YYYY) (MM/DD/YYYY) X | COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 5,000,000 Α HDO G71450892 06/30/2020 06/30/2021 CLAIMS-MADE X OCCUR DAMAGE TO RENTED \$ 5,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$ 5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 5,000,000 POLICY PROJECT LOC PRODUCTS -COMP/OP AGG \$ 5,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ISA H25305425 06/30/2020 06/30/2021 Α \$ 5,000,000 (Ea accident) ANY AUTO X BODILY INJURY(Per person) OWNED AUTOS X SCHEDULED AUTOS X **BODILY INJURY (Per accident)** X NON-OWNED HIRED AUTOS Х PROPERTY DAMAGE ONLY AUTOS ONLY (Per accident) EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION 06/30/2020 06/30/2021 WLR C67458424 AOS В N/A Y/N STATUTE AND EMPLOYERS' LIABILITY WLR C67458382 06/30/2020 06/30/2021 \$ 3,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N AZ/CA/MA/OR SCF C67458461 - WI 06/30/2020 06/30/2021 С OFFICER/MEMBER EXCLUDED? E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 06/30/2021 06/30/2020 (Mandatory in NH) WCU C67458503 - OH XS 06/30/2020 06/30/2021 .L. DISEASE -POLICY LIMIT \$3,000,000 f ves. describe under TNS C66948560 - TX NSXS DESCRIPTION OF OPERATIONS below 06/30/2020 06/30/2021 Contractor's Pollution Liability: See page 2 for details DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Division Number: 4463 - Named Insured Includes: Allied Services, LLC - Dba: Allied Waste Services of Fort Walton Beach CANCELLATION **CERTIFICATE HOLDER** 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 5479-A OLD BETHEL ROAD CRESTVIEW, FL 32536

United States

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 6

CERTIFICATE NUMBER: 1745892

AGENCY		NAMED INSURED	
		REPUBLIC SERVICES, INC.	
PÔLICY NUMBER -See First Page		18500 N. ALLIED WAY PHOENIX, AZ 85054	
	NAIC CODE		
See First Page		EFFECTIVE DATE:	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

ADDITIONAL REMARKS

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C67458424 and stop gap coverage for OH is covered under policy no. WCU C67458503, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C66948560) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Co. (NAIC # 23850) Policy No. PPK2145182

Contracting Operations Environmental Liability - \$10,000,000 Per Contamination Incident/\$10,000,000 General Aggregate Professional Liability - \$10,000,000 Per Incident/\$10,000,000 General Aggregate

Additional Insured includes: Okaloosa County, when required by written contract.

ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured	Republic Services,	inc.	Endorsement Number 23
Policy Symbol ISA	Policy Number H25305425	Policy Period 06/30/2021	Effective Date of Endorsement
	e of insurance Company an Insurance Comp		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under written contract or agreement, which include permits and licenses, provided such contract or agreement was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
 - 1. You.
 - 2. Any of your "employees" or agents.
 - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

POLICY NUMBER: HDO G71450892

Endorsement Number: 284

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision: Any state, governmental agency or political subdivision that has issued a permit or authorization to you in connection with your operations.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
 - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: HDO G71450892

Endorsement Number: 254

COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

	Location(s) Of Covered Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing operations for such additional insured pursuant to any such written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- if coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: <u>12-21-2017</u>

Contract/Lease Control #: C18-2662-PW

Procurement#: NA

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: <u>ALLIED SERVICES, LLC DBA REPUBLIC SERVICES</u>

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>01/01/2018</u>

Expiration Date: <u>09/30/2020</u>

Description of

Contract/Lease: <u>SOLID WASTE FRANCHISE AGREEMENT</u>

Department: <u>PW</u>

Department Monitor: <u>AUTREY</u>

Monitor's Telephone #: 850-689-5774

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

Closed:

Cc: Finance Department Contracts & Grants Office

			Username		Password	.
						Log In
			Forgot Username?	} Fo	rgot Password?	Create an Account
Entity	r.	REPUBLIC SERVICES		OLUMANIA SISSIANA NA PARA PARA PARA PARA PARA PARA PAR	Fair	2 12th Street rmont, WV, 26554-3618 , UNITED STATES
Dashboard Entity Regi	artiew.	itatus; Active	Expiration Da Purpose of Regis	ite: 02/20/2018 stration: All Awa		
_	Core Data Assertions		Entity (Overview		
• Re • Exclusi • Activ • Inact • Exc	eps & Certs POCs ions ve Exclusions tive Exclusions juded Family Members	Entity Registrati Name: REPUBLIC Doing Business As: / Business Type: Busin Last Updated By Registration S Activation Date Expiration Date Exclusion S Active Exclusion	SERVICES INC. Allied Waste Division less or Organization : Sandra Weigle tatus: Active e: 02/20/2017 e: 02/20/2018			

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CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 5

DATE (MM/DD/YYYY) 07/31/2018

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 CONTACT NAME PHONE (A/C No.Ext): CANNON COCHRAN MANAGEMENT SERVICES, INC. FAX (A/C No.Ext): E-MAIL ADDRESS:certificateteam@ccmsi.com 17015 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85255 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: ACE American Insurance Co. 22667 INSURED INSURER B: Indemnity Insurance Company of NA 43575 REPUBLIC SERVICES, INC. INSURER C: ACE Fire Underwriters 20702 INSURER D: Illinois Union Insurance Company 18500 N. ALLIED WAY 27960 PHOENIX, AZ 85054 INSURER E: PURCH INSURER F: COVERAGES CERTIFICATE NUMBER: 1425421 REVISION NUMBER:

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

NSR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)		
Α	X COMMERCIAL GENERAL LIABILITY			HDO G71097171	06/30/2018	06/30/2019	EACH OCCURRENCE	\$ 5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 5,000,000
	POLICY PROJECT LOC						GENERAL AGGREGATE	\$ 5,000,000
	OTHER:						PRODUCTS -COMP/OP AGG	\$ 5,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO			ISA H25159809	06/30/2018	06/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
-	X OWNED AUTOS X SCHEDULED						BODILY INJURY(Per person)	
	ONLY AUTOS X HIRED AUTOS X NON-OWNED						BODILY INJURY (Per accident)	
	ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	
4 2 4 6	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DISCREMEMBER EXCLUDED? Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLR C6522575A - AOS WLR C65225712 - CA/MA/OR SCF C65225797 - WI WCU C65225670 - OH XS TNS C49167295 - TX NSXS	06/30/2018 06/30/2018 06/30/2018 06/30/2018 06/30/2018	06/30/2019	X PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	\$ 3,000,000 \$ 3,000,000 \$ 3,000,000
	Contractor's Pollution Liability:			See page 2 for details	06/30/2018	06/30/2019		

SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Division Number: 4463 - Named Insured Includes: Allied Services, LLC - Dba: Allied Waste Services of Fort Walton Beach

C18-2662-PW

CERTIFICATE HOLDER

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

OKALOOSA COUNTY 5479-A OLD BETHEL ROAD CRESTVIEW, FL 32536 **United States**

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AGENCY CUSTOMER ID:	 	
LOC #:		



ADDITIONAL REMARKS SCHEDULE

Page 2 of 5

AGENCY		NAMED INSURED	
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	
CARRIER See First Page	NAIC CODE		
CCC I NOT LOGO		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract,

Waiver of Subrogation in favor of the certificate holder is included when required by written contract,

AUTO HABILITY

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract,

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C6522575A and stop gap coverage for OH is covered under policy no. WCU C65225670, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C49167295) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Insurer Affording Pollution Coverage - Tokio Marine Specialty Insurance Co. (NAIC # 23850) Policy No. PPK1830449

Contracting Operations Environmental Liability - \$10,000,000 Per Contamination Incident/\$10,000,000 General Aggregate Professional Liability - \$10,000,000 Per Incident/\$10,000,000 General Aggregate

Additional Insured includes: Okaloosa County, when required by written contract.

ADDITIONAL INSURED -DESIGNATED PERSONS OR ORGANIZATIONS

Named Inswed	Republic Services	, Inc.	Endorsement Number 23
Policy Symbol ISA	H25159809	Policy Period 06/30/2018 TO 06/30/2019	Effective Date of Endorsement
ACE America	e of insurance Compar in Insurance Comp	pany	
Insert the policy m	unities. The remainder of it	te information is to be completed only when this endorspinent	is issued subsequent to the properation of the policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
 - 1. You.
 - 2. Any of your "employees" or agents.
 - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.



DA-9U74c (03/16)

POLICY NUMBER: HDO G71097171

Endorsement Number: 228

COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing operations for such additional insured pursuant to any such written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

8. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "todily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance;

If coverage provided to the additional insured is required by a contract or agreement, the most we POLICY NUMBER: HDO G71097171

Endorsement Number: 260

1

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision: Any state, governmental agency or political subdivision that has issued a permit or authorization to you in connection with your operations.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - This Insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
 - a. "Bodity injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

NONEXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT

1st	Janaury 2018
ayh	day of November 1, by and between Okaloosa
This Agreement is entered into this	day of, by and between Okaloosa
County, Florida and	(hereinafter "Franchisee").
Allied Services, LLC dba Allied Was	ste Services of Fort Walton Beach//Republic Services of Fort Walton Beach

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 (20th) 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.

ARTCLE 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:

Andrew Rodgers, General Manager

3720 Varner Drive	•
Mobile, Alabama 36693	
arodgers@republicservices.com 251-544-5337	

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, Nonowned & 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.	Worke	r's Compensation	
	(1)	State	Statutory
	(2)	Employer's Liability	\$1,000,000 each accident
B.	Busine	ss Automobile & Commercial	\$1,000,000 each occurrence
	Genera	d Liability Insurance	(A combined single limit)
C.	Person	al and Advertising Injury	\$250,000
D.	Polluti	on 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.

Signature

Andrew Rodgers

Print Name

Date: 1/ / 9/ 17

WITNESS

Signature

Brandi G. Brooks

Print Name

OKALOOSA COUNTY, FLORIDA

Carolyn N. Ketchel, Chairman

Date: 12/19/17

J.D. Peacock, II, Clerk

CERTIFICATE OF SECRETARY

RELATING TO THE BID OR PROPOSAL FOR THE NONEXCLUSIVE COMMERICAL SOLID WASTE COLLECTION SERVICES FRANCHISE AGREEMENT FOR THE COUNTY OF OKALOOSA IN THE STATE OF FLORIDA

The undersigned, Secretary of ALLIED SERVICES, LLC, a Delaware limited liability company (the "Company"), hereby certifies that the following is a true and correct copy of the resolution which was duly adopted by ALLIED WASTE LANDFILL HOLDINGS, INC., a Delaware corporation, the managing member of the Company (the "Managing Member") by written consent of the Managing Member on February 24, 2016, that such resolution has not been rescinded, amended or modified in any respect, and is in full force and effect on the date hereof:

RESOLVED, that (i) any individual at the time holding the position of General Manager or Area Director, Finance be, and each of them hereby is, appointed as an Authorized Agent, to act in the name and on behalf of the Company and to include the execution of related documents, in connection with the day-to-day business activities of the Company, and further, that (ii) in addition to the General Manager or Area Director, Finance, any individual at the time holding the position of Area Director, Business Development; Area Director, Operations; or Market Vice President be, and each of them hereby is, appointed as an Authorized Agent to execute any bid and proposal, and if awarded, any related contract for services to be performed by the Company and any bond required by such bid, proposal or contract, all in accordance with the existing Levels of Authority and other relevant policies and procedures.

I further certify that **ANDREW RODGERS** holds the title of General Manager and in such capacity has full authority to act in the name and on behalf of the Company as set forth in the foregoing resolution.

WITNESS MY HAND, this 6th day of November, 2017.

Eileen B. Schuler, Secretary

State of Florida Department of State

I certify from the records of this office that ALLIED SERVICES, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on April 25, 2002.

The document number of this limited liability company is M02000001064.

I further certify that said limited liability company has paid all fees due this office through December 31, 2017, that its most recent annual report was filed on April 20, 2017, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of November, 2017



Ken Deform Secretary of State

Tracking Number: CU2231370721

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



Nonexclusive Commercial Solid Waste Collection Franchise Application



OWNER/OPERATOR CORPORATION		
Allied Services, LLC dba Republic Services of Fort Walton Beach//Allied Wast	e Services of Fort Walton Beach	86-0897719
Full Corporate Name		Federal ID
110 Ready Avenue, NW, Fort Walton Bea	850-301-9101	
Home Office Address: (Street, City, State, Zip)		Phone
110 Ready Avenue, NW, Fort Walton Bea	ch, Florida 32548	850-301-9101
Local Office Address: (Street, City, State, Zip)		Phone
Corporate Officers: (Names)	•	
See attached	See attach	ed
President	Vice-President	
See attached	See attach	ed
Secretary	Treasurer	
See attached		
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

OKALOOSA COUNTY LANDFILL. 1759 SOUTH FERRON BLYD, CRESTNEW F. 3258-9434 Vandor Number: 848423	OVALOODA COLUMNIA LANGONA	4564 601184 4555				Date: 11/10/17
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REPUBLIC SERVICES, INC.	BANK OF AMERICA		Check Date	Numl
		and the second s	. * .	10 m (80)

C/O AWIN MGMT INC C/O ALLIED WASTE SERVICES 18500 N. ALLIED WAY PHOENIX, AZ 85054

52-153-112

nber

7271581

PAY Five Hundred and 00/100 Dollars

Amount \$ ******500.00

PAY TO THE OKALOOSA COUNTY LANDFILL ORDER OF 1759 SOUTH FERDON BLVD CRESTVIEW FL 32536-9434

Allied Services LLC

Formed in Delaware on 11/13/1997

Status:

Current

Entity Type:

Limited Liability Company

Federal ID #: Domicile:

86-0897719

Internal #:

06

Primary Address

18500 North Allied Way Phoenix, Arizona 85054

Officers

Title

Nathan Cabbil

President

Jamey Amick

Vice President

Tim M. Benter

Vice President

Kevin P. Bremer

Vice President Vice President

Drew Isenhour Jeffrey L. Kintzle

Vice President

Myndi M. Kort

Vice President

Marsha A. Lacy

Eileen B. Schuler

Vice President

Timothy E. Stuart

Vice President Vice President

Andrew J. Sweet

Vice President

Jon Vander Ark

Vice President

Adrienne W. Wilhoit

Vice President

Marsha A. Lacy

Treasurer

Lawrence Focazio

Vice President, Tax

Eileen B. Schuler

Secretary

Myndi M. Kort

Assistant Secretary

Andrew J. Sweet

Assistant Secretary

Adrienne W. Wilhoit

Assistant Secretary

Direct Owners

Allied Green Power, LLC

Registered in Delaware

%Ownership

Allied Waste Landfill Holdings, Inc.

Delaware

1.0000 %

Allied Waste North America, LLC

Delaware

99.0000 %

Registrations

Tax ID No.

<u>Date</u>

Alabama

Qualification

Charter No. FLL 611-706

11/13/2006

End Date

Bridgeway Report

Allied Services, LLC

<u>Registrations</u>					
		<u>Charter No.</u>	Tax ID No.	<u>Date</u>	End Date
Arizona	Qualification	R-0836418-0		03/30/1998	
Arkansas	Qualification	100216015		07/25/2002	
Delaware	Formation	2820612		11/13/1997	
Florida	Qualification	M02000001064		04/25/2002	
Georgia	Qualification	K740504		11/20/1997	
Illinois	Qualification	00155659		12/19/1997	
lowa	Qualification	248428		12/28/2000	
Kansas	Qualification	2963965		06/17/2004	
Missouri	Qualification	FL0016142		11/20/1997	
North Carolina	Qualification	0445776		12/22/1997	
Oklahoma	Qualification	3712283076		08/17/2010	
South Carolina	Qualification	none	N/A	12/23/1997	



Crestview, FL 32536



CONTACT INFORMATION	
Andrew Rodgers, General Manager	251-544-5337
Primary Contact Person and Title for All Correspon	ndence for Franchise Phone
arodgers@republicservices.com	251-382-4962
E-mail Address	Mobile Phone
VEHICLES AND EQUIPMENT	
Number of Vehicles:	
Number of Solid Waste Containers, in use and in in	ventory <u>379</u>
Site Address: 110 Ready Avenue, NW, Fort V	Valton Beach, Florida 32548
CERTIFICATIONS (PLEASE INITIAL AFTER	R EACH)
I hereby certify that by I have the authorization business name) to submit this applicati	on behalf of Alled Services, LLO das Republio Services of Port Whiten Beacht/Alled Whitele to the control of th
SUBMISSION The application packet may be submitted electronic mail to swregistration@co.okaloosa.fl.us . Please receipt. Or the application packet (including \$500.0 fee (payable to "Board of County Commissioners" additional materials may be mailed to: Okaloosa Public Works Department Attn: Commercial Recycling Application	request a read 00 application



Nonexclusive Commercial Solid Waste Collection Franchise Application Vehicle Inventory Report



ALC:		with Salar	Of Section	The Complete Sec.	Chassis Inf	ormatio	n - Division			Body Informatio	on the	Company			Materials	Collected:	a verive	nicle Marid	ngs de sale	avehicle 2
1823 E	Asset	Type	Frontline,	Make		18/4			Land Service	Model			Vehicle Id. No. 4	Vehicle		1250		*************************************	Asset Number	Designated to Service
No.	Number	ASL/RO)	Spare :	Make	Model	Year	Current Mileage	Fuel Type (DSL/CNG)	Make	Model V	Year	Capacity	(VINE)	License No.	郷MSW 郷	第FRFC報答	Company	Company	Asset	to Service
			market co-			震速	IVIIIeage	(OSL/CNG)	property and a second second			100	A Long Service of Con-				A Name	Phone #	Number	Area Only?
Ex.	4552	FEL	FL	Mack	Мгц613	2016	1,200	LING	iviciveilos	4029	2013		1ABCD23E4FG567890	123ABC	Yes	No	Yes	Yes	Yes	No
1	1224	FEL	FL	Mack .	Mru613	2010	367,535	DSL	Heil	1 1 1	2010		1M2AV02C7AM006722	N0880N	Yes	Yes	Yes	Yes	Yes	No
2	1313	FEL	FL	Mack	Mru613	2008	161,021	DSL	McNeilus	4029	2008		1M2AVOC19M002936	N1996N	Yes	Yes	Yes	Yes	Yes	No
3	1202	FEL	. FL.	Mack	Mru613	2017	78,990	DSL	Hell	1 1 n	.2017		1M2AV02C8HM016024	N9545W	Yes	Yes	Yes :-	Yes	Yes	No
4	1250	FEL	: .FL	Mack	Mru613	2016	61,415	DSL	Heil	1 21 - 1	2016		1M2AV02C9GM016032	N9530W	Yes	Yes	Yes	Yes	Yes	No
5	1229	FEL	n. 7 FL 19	Mack	Mru613	2015	84,812	DSL ·	Heil		2015		1M2AV02C2FM013407	N9533U	Yes	Yes	Yes	Yes	Yes	No
6	1227	FEL	FL.	Mack	Mru613	2011	87,884	D5L	Heil		2011		1M2AV02C6BM008172	N0880N	Yes	Yes	Yes	Yes	Yes	No
7	1228	FEL	FL	Mack	Mru613	2011	16,460		Heil		2011		1M2AV0268BM008173	N5279K	Yes	Yes	Yes	Yes	Yes	No
8	1226	FEL	FL	Mack	Mru613	2010	248,491		Heil		2010		1M2AV02C1AM006764	N0879N	Yes	Yes	Yes	Yes	Yes	. No
10	1225 3416	FEL RO	FL FL	Mack	Mru613	2010	286,114 180,161		Hell Heil		2010		1M2AV02CXAM006763	N0881N N9510U	Yes	Yes	Yes	Yes	Yes	No
11	3411	RO .	FL	Mack	GU813	2015					2015		1M2AX13C3FM027279	N9506U	Yes	Yes	Yes	Yes	Yes	No
12	3499	RO	FL	Mack	GU813 GU813	2015	182,407 114,338		Heil Heil	1	2015		1M2AX18C8FM026749 1M2AX13C9FM032034	N9558V	Yes Yes	Yes Yes	Yes Yes	Yes	Yes	No No
13	3432	RO	FL	Mack	CV713	2005	420,476	DSL	Heil		2005		1M2AG11C95M025540	N5272K	Yes	Yes	Yes	Yes	Yes	No No
14	3433	RO	FL	Mack	CV713	2005	496,564	DSL	Heil		2005		1M2AG11C45M027907	B1236V	Yes	Yes	Yes	Yes	Yes	No
15	3434	RO	FL	Mack	CV713	2005	487,214		Heil		2005		1M2AG11C75M030610	N8907L	Yes	Yes	Yes	Yes	Yes	No
16	3435	RO	FL	Mack	CV713	2005	405,299		Heil		2005		1M2AG11C45M043106	B1327V	Yes	Yes	Yes	Yes	Yes	No
17	3436	80	FL	Mack	CV713	2005	460,944	DSL	Heil	 	2005		1M2AG11C56M027108	B1328V	Yes	Yes	Yes	Yes	Yes	No
18	3431	RO	FL	Mack	CV713	2005	510,321	DSL -	HeII		2005		1M2AG11C85M022340	N5271K	Yes	Yes	Yes	Yes	Yes	No .
19	- 56	CD on	See FL 66	FORD	1	2013	146,638		N/A	N/A		N/A	3FRWF7FC2DV019684	495NTN	Yes	- Yes	mayes na	~~Yes -or-	mayes ma	- NO was su
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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 Statues, 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:	November 8, 2017	SIGNATURE:	g f key
COMPANY:	Allied Services, LLC	NAME: Andrev	w Rodgers
ADDRESS:	dba Allied Waste Services of Fort Walton Republic Services of Fort Walton Bo		(Typed or Printed)
	110 Ready Avenue NW Fort Walton Beach, Florida 32548	TITLE: Genera	al Manager
		E-MAIL: arod	gers@republicservices.com
PHONE NO.:	251-544-5337		



Please see evidence of coverage on next page. When Republic's application has been accepted and agreement executed we will then provide a certificate of insurance naming Okaloosa County as an additional insured.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY) 06/17/2017

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 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 CONTACT NAME CANNON COCHRAN MANAGEMENT SERVICES, INC. PHONE (A/C No.Ext): FAX (A/C No.Ext): E-MAIL ADDRESS:certificateteam@ccmsi.com 17015 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85255 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: ACE American Insurance Co. 22667 INSURED INSURER B: Indemnity Insurance Company of NA 43575 REPUBLIC SERVICES, INC. INSURER C: ACE Fire Underwriters 20702 18500 N. ALLIED WAY INSURER D: Illinois Union Insurance Company 27960 PHOENIX, AZ 85054 INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: 1213304** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDI GUDDI

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			HDO G27867789	06/30/2017	06/30/2018	EACH OCCURRENCE \$ 5,000,000
	CLAIMS-MADE X OCCUR					1900 N	DAMAGE TO RENTED \$ 5,000,000
!				, st , d b	Ì	1559955	MED EXP (Any one person)
İ	<u> </u>				j.		PERSONAL & ADV INJURY \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000
	POLICY PROJECT LOC				189°		PRODUCTS -COMP/OP AGG \$ 5,000,000
<u> </u>	AUTOMOBILE LIABILITY				18.57		
Α	X ANY AUTO			ISA H0906073A	06/30/2017	06/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	X ALL OWNED X SCHEDULED						BODILY INJURY(Per person)
	AUTOS AUTOS X HIRED AUTOS X NON-OWNED			The state of the s			BODILY INJURY (Per accident)
	AUTOS						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR		b*				
	EXCESS LIAB CLAIMS-MADE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		A.			EACH OCCURRENCE AGGREGATE
		There is					AGGREGATE
<u> </u>			5,70	.28°			
	AND EMPLOYERS' LIABILITY	N/A		WLR C64412917 - AOS WLR C64412905 - CA/MA/OR	06/30/2017 06/30/2017	06/30/2018 06/30/2018	X WC STATU- TORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		F	SCF C64412929 - WI	06/30/2017	06/30/2018	E.L. EACH ACCIDENT \$3,000,000
Ā	(Mandatory in NH)			WCU C64412899 - OH XS TNS C49166436 - TX NSXS	06/30/2017 06/30/2017	06/30/2018 06/30/2018	E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 E.L. DISEASE -POLICY LIMIT \$ 3,000,000
D	If yes, describe under DESCRIPTION OF OPERATIONS below	195	İ	THE STOREST THE TOTAL	00/00/2011	00/30/2010	E.L. DISEASE -POLICY LIMIT \$ 3,000,000
	DECOMI HON OF CITETO TO DEOM		.				
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DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	IICLES	(Attac	ch ACORD 101, Additional I	Remarks Sch	edule, if mor	e space is required)
						,	
E.	/IDENCE OF COVERAGE - FOR USE FOR REPU	BLIC	SEKVK	CES, INC. AND ALL ITS SUE	SIDIARIES		
	150						
CEF	ITIFICATE HOLDER				LLATION		
				SHOUL	D ANY OF THE	HE ABOVE DI	ESCRIBED POLICIES BE CANCELLED
				ACCOR	E THE EXPIR	MITHE POLIC	THEREOF, NOTICE WILL BE DELIVERED IN PROVISIONS.
	EVIDENCE ONLY			AUTHO	RIZED REPR	ESENTATIVE	
	. EVIDENCE ONLY			1/		((-)
	United States			- $ -$	<u> e</u> e		EKKOTYC)

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY
CARRIER See First Page	NAIC CODE	PHOENIX, AZ 85054 EFFECTIVE DATE:
A D DITIONAL A DELIA DIVO		Tall College DATE.

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract,

Waiver of Subrogation in favor of the certificate holder is included when required by written contract,

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR 681412917 and stop gap coverage for OH is covered under policy no. WCU C64412899, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Republic Services, Inc. and its subsidiaries are registered non-subscritters to the Texas Workers Compensation Act. Republic Services, Inc. has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C49166436) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.



RECEIVED JUL 1 0 2017

OKALOOSA COUNTY TAX COLLECTOR

BEN ANDERSON

2017 - 2018

RECEIPT NO. 260310402707

BUSINESS ALLIED SERVICES LLC

OKALOOSA COUNTY LOCAL BUSINESS TAX RECEIPT STATE OF FLORIDA

EXPIRES SEPTEMBER 30, 2018

NAME

TYPE OF

RENEWAL

BUSINESS

Non-Regulated

SUPPLEMENTAL

DUSINESS 110 READY AVE

NEW BUSINESS

ADDRESS

TRANSFER

0.00 35,00

FORT WALTON BEACH, FL.

OKALOOSA COUNTY Tax Collector

ORIGINAL TAX 0.00 AMOUNT

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

PENALTY 0.00 COLLECTION COST 0.00 TOTAL 35.00

ALLIED SERVICES LLC 110 READY AVE FORT WALTON BEACH, FL

SIGN AND DISPLAY AS REQUIRED

Paid 0-17003277

35.00

32548

07/05/2017

I SWEAR THAT THIS LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE BUSINESS OF PROPESSION 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

		1.1				1564 147 AV - 188
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
Shallmar	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 or email at WebMaster@OkaloosaTax.com.



Tax Collector, Okaloosa County

www.OkaloosaTax.com To report tax fraud call 855-489-8477 (4TX-TIPS)



PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: 180	Tracking Number: 2123- /
Procurement/Contractor/Lessee Name: Republic	Similar Sunded: YES_NO_
Purpose: Wentex cluste Commercial Soli	d worts applical
Date/Term:9-30-2020	1. GREATER THAN \$100,000
Amount:	2. GREATER THAN \$50,000
Department:	3. 🔲 \$50,000 OR LESS
Dept. Monitor Name:	
Purchasing Review	
Procurement or Contract/Lease requirements are met:	11 22-12
Purchasing Director or designee Greg Kisela, Jeff Hy	Date: 11-27-17 vde, DeRita Mason, Matthew Young
2CFR Compliança Review	(if required)
Approved as written:	(,,
1 / / /	Date:
Grants Coordinator Renee Biby	
Risk Management Re	eview
Approved as written:	
Risk Manager or designee Laura Porter or Krystal	Date: <u>11-27-17</u>
County Afforney Re	1 Hack
Approved as written: Lucul	Date: 12-4-17 No Hoshihara, Kerry Parsons or Designee
County Attorney Gregory T. Stewart, Ly	nn Hoshihara, Kerry Parsons or Designee
Following Okaloosa Count	y approval:
Clerk Finance Document has been received:	
	Date:
Finance Manager or designee	

DeRita Mason

From:

Parsons, Kerry <KParsons@ngn-tally.com>

Sent: To: Monday, December 04, 2017 1:10 PM

Cc:

DeRita Mason Lynn Hoshihara

Subject:

RE: Non-Exclusive Franchise Application and Agreement - Republic Services

Allied Services, LLC dba Republic Services of Fort Walton Beach/Allied Waste Services of Fort Walton Beach's Nonexclusive Commercial Solid Waste Collection Franchise Agreement is approved for legal purposes.

From: DeRita Mason [mailto:dmason@co.okaloosa.fl.us]

Sent: Monday, November 27, 2017 9:32 AM

To: Parsons, Kerry Cc: Lynn Hoshihara

Subject: FW: Non-Exclusive Franchise Application and Agreement - Republic Services

Please review and approve.

Thank you,

DeRita

From: Jim Reece

Sent: Monday, November 27, 2017 8:29 AM
To: DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRita Mason character DeRi

Cc: Scott Henson <shenson@co.okaloosa.fl.us>; Ashley Patrick <apatrick@co.okaloosa.fl.us>; Gayle Edge

<gedge@co.okaloosa.fl.us>; Janet Thompson < ithompson@co.okaloosa.fl.us>
Subject: Non-Exclusive Franchise Application and Agreement - Republic Services

DeRita,

This is one of two applications and agreements that we'd like to place on the BCC agenda, Dec 19, for approval. The NEF is effective Jan 1, 2018. Are you the one to staff the coordination sheet through Purchasing, Legal, and Risk?

Jim

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.