



City of Grand Island

Tuesday, September 27, 2022

Council Session

Item G-3

Approving Garbage Permits for Grand Island Disposal, Inc. and Mid-Nebraska Disposal, Inc. and Refuse Permits for Trash Bee Gone, O'Neill Transportation and Equipment, LLC, and United Trailer Sales, LLC

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 27, 2022
Subject: Approving Garbage and Refuse Haulers Permits
Presenter(s): RaNae Edwards, City Clerk

Background

Grand Island City Code Section 17-15 allows for the Collection, Transportation, and Disposal of Garbage and/or Refuse. These permits are effective October 1 through September 30 of each calendar year.

Discussion

The following businesses have submitted applications for renewal for 2022/2023:

Grand Island Disposal, Inc. dba Heartland Disposal, 1839 East 4 th Street	Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2 nd Street	Garbage
O'Neill Transportation and Equipment, 7100 West Old Potash Hwy	Refuse
Trash Bee Gone, 119 W Koenig Street	Refuse

The following business has submitted an application for a new Refuse Haulers license:

United Trailer Sales, LLC dba United Rolloff & Rentals, 3984 S 60th Road, Alda, NE

All City Code requirements have been met by these businesses.

Alternatives

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

1. Approve the renewal for garbage/refuse permits.
2. Disapprove or deny the renewals.
3. Modify the renewals to meet the wishes of the Council.
4. Table the issue

Recommendation

City Administration recommends that the Council approve the renewals for garbage/refuse permits for 2022/2023.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2022/2023 and the new application for United Rolloff & Rentals.



Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name GRAND ISLAND DISPOSAL INC, DBA HEARTLAND DISPOSAL

Business Address 1839 E 4TH ST, GRAND ISLAND, NE 68801

Business Telephone 308-382-1683

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 308-382-1683
- * Name Used on Vehicles (Sec. 17-18) HEARTLAND DISPOSAL

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

BRETT DARROUGH, 525 MEADOWLARK LN, ST LIBORY NE 68872

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9-8-2022

Date

Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2022

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 UNICO Group 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Katie Lane PHONE (A/C, No, Ext): (402) 434-7200 E-MAIL ADDRESS: klane@unicogroup.com	FAX (A/C, No): (402) 434-7272
	INSURER(S) AFFORDING COVERAGE	
INSURED Grand Island Disposal, Inc., DBA: Heartland Disposal 1839 East 4th Street Grand Island NE 68803	INSURER A: AmWINS Program Underwriters, Inc.	
	INSURER B: Midwest Builder's Casualty	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES	CERTIFICATE NUMBER: 22-23 All Lines	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			GLP203789510	06/16/2022	06/16/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP203789410	06/16/2022	06/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC100-0003039-2022A	06/16/2022	06/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER City of Grand Island 100 East First Street Grand Island NE 68801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2016/03)

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Application for Haulers License

1 **Type of License Required:**

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 **Identification of Applicant:**

a. Individual or Firm Identification

Business Name Mid-Nebaska Disposal, Inc.
 Business Address 3080 W 2nd G.I., NE 68803
 Business Telephone (308) 382-7053

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) Same As Above
- * Name Used on Vehicles (Sec. 17-18) Same As Above

3 **Residency Certification:**

- a. Individual Applicant – Resident of Hall County
Name and Home Address of Individual:

- b. Partnership or Corporation of Hall County
Name and Address of Resident Partner/Officer:

Chris Woodward
4654 Lakeside Dr G.I., NE 68801

- c. Non-resident Individual or Corporation
Name and Home Address of Appointed Resident Agent:

3 **Required Documents to be Furnished:**

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29) You have on file
- c. Performance Bond – Garbage Haulers Only (Section 17-30) You have on file
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B)) - Will send once we receive it.

9/9/21
Date

[Signature]
Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2022

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.

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PRODUCER Holmes Murphy & Associates - WDM PO Box 9207 Des Moines, IA 50306-9207 INSURED Mid-Nebraska Disposal, Inc. 3080 W 2nd St Grand Island, NE 68802	1-800-247-7756 CONTACT NAME: Bailey Reiling PHONE: (A/C No, Ext) E-MAIL ADDRESS: BReiling@holmesmurphy.com FAX (A/C No):	INSURER(S) AFFORDING COVERAGE INSURER A: AMCO INS CO 19100 INSURER B: MIDWEST BUILDERS CAS MUT CO 13125 INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** 65021163 **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	ADDL SUBR (ASD) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GENL AGGREGATE LIM APPLIES PER POLICY <input checked="" type="checkbox"/> PREC <input checked="" type="checkbox"/> JUST <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		ACP GLAO 3076542002	04/01/22	04/01/23	EACH ACCIDENT \$ 1,000,000 AVERAGE FORFEITURE PENALTY (If occurrence) \$ 300,000 VED EX (Any one party) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PROD PTS - COMP/OP ASS \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTO ONLY (RED) <input type="checkbox"/> AUTO ONLY <input checked="" type="checkbox"/> CA-9948 <input type="checkbox"/> X <input type="checkbox"/> SCHEDULED AUTO (MINS) (MINS) (MINS) <input type="checkbox"/> MINS (MINS) (MINS) <input checked="" type="checkbox"/> MCS-90		ACP BAA 3076542002	04/01/22	04/01/23	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION	<input checked="" type="checkbox"/> EXCESS <input type="checkbox"/> CLAIMS-MADE	ACP CAA 3076542002	04/01/22	04/01/23	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> AN EMPLOYEE OR PARTNER (EX-EMPT) <input type="checkbox"/> VOLUNTEER (EX-EMPT) (Mandatory in NH) If yes, describe term DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC100-0002724-20210A	04/01/22	04/01/23	<input checked="" type="checkbox"/> PER STATE <input type="checkbox"/> OTHER 1. EACH ACCIDENT \$ 500,000 2. DISEASE - CA EMPLOYE \$ 500,000 3. DISEASE - VOLUNTEER \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Insurance Verification - Proof of Coverage

CERTIFICATE HOLDER City of Grand Island Attn: Renae Edwards City Hall 100 E First St Grand Island, NE 68801 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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 65021163

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Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

O'Neill Transportation

Business Address

7100 West Old Potash Hwy

Business Telephone

Alda NE 68810

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308-384-1690

* Name Used on Vehicles (Sec. 17-18)

O'Neill Transportation.

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9/9/2022
Date


Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2022

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PRODUCER FNIC Group PO Box 45279 Omaha NE 68145	CONTACT NAME: Christina Bayer	PHONE (A/C, No, Ext): (402) 861-7000	FAX (A/C, No): (402) 861-7111
	E-MAIL ADDRESS: christina.bayer@fnicgroup.com		
INSURED O'Neill Transportation & Equipment LLC Po Box 290 Alda NE 68810-0290	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Association Casualty Insurance		35829
	INSURER B: Gray Surplus		
	INSURER C: Midwest Builders' Casualty Mutual		
	INSURER D:		
	INSURER E:		
INSURER F:			

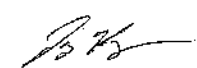
COVERAGES CERTIFICATE NUMBER: CL2271961173 REVISION NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CMPNE0000016039	07/25/2022	07/25/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y		CAPNE0000016039	07/25/2022	07/25/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ 0	Y		GSL100759	07/25/2022	07/25/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC100-0002510-2022A	02/01/2022	02/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The policies have been endorsed to provide 30 days' notice of cancellation, except for cancellation for non-payment of premium, in which case 10 days' notice of cancellation shall be provided.

CERTIFICATE HOLDER City of Grand Island PO Box 1968 Grand Island NE 68802	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

Trash Bee Gone

Business Address

4925 Merrick Ave, Grand Island

Business Telephone

308 379 8251

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308 383 2303

* Name Used on Vehicles (Sec. 17-18)

Trash Bee Gone

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

Wilmer Mendoza

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

4925 Merrick Ave Grand Island.

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9/19/22
Date

[Signature]
Signature of Applicant

Named insured

KENIA HERNANDEZ
4925 MERRICK AVE
GRAND ISLAND, NE 68801

Policy number: 02485329-4

Underwritten by:
Progressive Northern Insurance Co
September 9, 2022
Policy Period: Sep 8, 2022 - Mar 8, 2023
Page 1 of 2

progressive.com
Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your policy period has changed

Your coverage began on September 8, 2022 at 12:01 a.m. This policy expires on March 8, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852NE (02/19), 4757 (02/19), 4852NE (02/19), 4881NE (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Progressive Northern Insurance Co is a stock company (NYSE:PGR).

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$841
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist	\$25,000 each person/\$50,000 each accident		47
Underinsured Motorist	\$25,000 each person/\$50,000 each accident		47
Medical Payments	\$5,000 each person		29
Comprehensive			140
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			409
See Auto Coverage Schedule	Limit of liability less deductible		
Total 6 month policy premium			\$1,513

Rated driver

- KENIA HERNANDEZ

Auto coverage schedule

- 2004 Ford F450 Super Duty**

VIN: 1FDXF47P04EC59339

Garaging Zip Code: 68801

Radius: 50

Liability Premium	Liability	UM BI	UIM BI	Med Pay	Auto Total
	\$404	\$26	\$26	\$29	\$485

Form 6489 NE (01/12)



2. **2001 Intl 490** Stated Amount: *\$15,000 (including Permanently Attached Equip)
 VIN: 1HTSDAAL91H390212 Garaging Zip Code: 68801 Radius: 50

Liability Premium	Liability	UM BI	UM BI		
	\$437	\$21	\$21		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$5,000	\$140	\$5,000	\$409	\$1,028

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy	
02485329-4	Paid In Full

Loss Payee information

1. Loss Payee	Auto 2	FIVE POINTS BANK 3111 W STOLLEY PARK GRAND ISLAND, NE 68803 2001 Intl 490 (1HTSDAAL91H390212)
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Application for Haulers License

1 Type of License Required:

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- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name UNITED TRAILER SALES LLC dba UNITED ROLLOFF & RENTALS

Business Address 3984 S 60TH RD ALDA NE 68810

Business Telephone 308.379.6806

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 308.379.6806
- * Name Used on Vehicles (Sec. 17-18) 308.379.6806

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

WESTON GOLDSMITH 3571 SUMMER DR GRAND ISLAND NE 68803

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
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- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9.19.2022

Date

Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/19/2022

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 Jones Group PO Box 200 Kenesaw, NE 68956	CONTACT NAME: PHONE (A/C, No, Ext): (402) 752-3700	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED United Trailer Sales, LLC 3984 S. 60th Road Aida, NE 68810	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: IMT Insurance		14257
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **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.

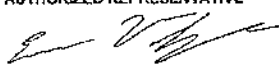
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROF JECT <input type="checkbox"/> LOC OTHER: General Aggregate			GLR8487	7/5/2022	7/5/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CVR8487	7/5/2022	7/5/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

DBA United Roll-Off & Rentals

CERTIFICATE HOLDER

CANCELLATION

City of Grand Island	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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