



City of Grand Island

Tuesday, September 22, 2009

Council Session

Item G2

Approving Garbage Permits for Central Waste Disposal, Clark Brothers Sanitation, Heartland Disposal, Mid-Nebraska Disposal and Refuse Permits for Full Circle, O'Neill Transportation and Equipment, and Scott's Hauling

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 22, 2009
Subject: Approving Garbage and Refuse Haulers Permits
Item #'s: G-2
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 2009/2010:

Central Waste Disposal, 147 East Roberts	Garbage
Clark Brothers Sanitation, 3080 West 2 nd Street	Garbage
Heartland Disposal, 2423 W. Old Lincoln Hwy.	Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2 nd Street	Garbage
Full Circle, Inc., 4331 Juergen Road	Refuse
O'Neill Transportation and Equipment, 558 S. Stuhr Rd.	Refuse
Scott's Hauling, 3230 Westside Street	Refuse

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 2009/2010.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2009/2010.

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

Waste Connections of Nebraska dba Central waste

Business Address

147 E. Roberts Grand Island, NE 68801

Business Telephone

(308) 382-0726

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

(308) 382-0726

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

Central waste Disposal
Waste Connections

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:

Michael Mulhall 1711 E Capital #4

Grand Island, NE 68801

3 **Required Documents to be Furnished:**

- a. List of Vehicles (Section 17-18)
b. Certificate of Insurance (Section 17-21)
c. Performance Bond – Garbage Haulers Only (Section 17-22)
d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
e. Appointment of Resident Agent, if applicable (Section 17-16)
f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9-4-2009

Date

Michael Mulhall

Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/03/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Portland Oregon Office
851 SW 6th Avenue
Suite 385
Portland OR 97204-1309 USA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PHONE: (503) 224-9700 FAX: (503) 295-0923

INSURERS AFFORDING COVERAGE NAIC #

INSURED
Waste Connections, Inc.
2295 Iron Point Road, Suite 200
Folsom CA 95630 USA

INSURER A:	ACE American Insurance Company	22667
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

Holder Identifier :

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HDOG24931596	08/01/2009	08/01/2010	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY:	EA ACC
							AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
						AGGREGATE	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below	WLRC45698567	08/01/2009	08/01/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
		OTHER					

Certificate No : 570036013712

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Named Insured includes: Central waste Disposal.
Public works Department - City of Grand Island is included as Additional Insured with respect to the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of Grand Island
100 East First Street
Grand Island NE 68802 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Aon Risk Insurance Services West, Inc.*



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 LTSC, Inc. DBA Clark Brothers Sanitation

Business Address 3480 W 2nd

Business Telephone (308) 384-2570

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 384-2570
- * Name Used on Vehicles (Sec. 17-18) Clark Bros. Sanitation

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 17-18) *on Health Ins. Certificate*
- b. Certificate of Insurance (Section 17-21) *should have on file*
- c. Performance Bond – Garbage Haulers Only (Section 17-22) *Continuing Bond*
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9/3/09
Date

Signature of Applicant

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/11/2009

PRODUCER (402) 752-3700 FAX: (402) 752-3706
Krull Insurance Agency
108 North Smith
PO Box 200
Kenesaw NE 68955

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
MID-NEBRASKA DISPOSAL, INC. AND LTSC, INC.
& CLARK BROTHERS
3080 W 2ND ST
GRAND ISLAND NE 68803-5264

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Employers Mutual	21415
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3J53875	4/1/2009	4/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	3J53875	4/1/2009	4/1/2010	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	3J53875	4/1/2009	4/1/2010	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	3H53875	4/1/2009	4/1/2010	WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Copy of the policy is available upon request.

CERTIFICATE HOLDER (402) 385-5486 CITY OF GRAND ISLAND RANAE EDWARDS	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE John Longoria
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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 Heartland Disposal
 Business Address 2423 W Old Lincoln Hwy
 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:

Tom Ummel 515 S Shady Pond Rd

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 17-18)
- b. Certificate of Insurance (Section 17-21)
- c. Performance Bond – Garbage Haulers Only (Section 17-22)
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9-8-09
Date

Tom Ummel R
Signature of Applicant

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID KD HEART-1	DATE (MM/DD/YYYY) 06/16/09
PRODUCER Pathway Financial GI 2121 N Webb Rd, Ste 101 Grand Island NE 68803 Phone: 308-384-1100		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
HEARTLAND DISPOSAL 2423 W OLD LINCOLN HWY GRAND ISLAND NE 68803		INSURER A: EMC Ins Co	25186
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES							
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INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	4D15814	06/29/09	06/29/10	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
GEN'L AGGREGATE LIMIT APPLIES PER:							
	X	POLICY					
		PRO-JECT					
		LOC					
A	X	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		ANY AUTO					
		ALL OWNED AUTOS					
A	X	SCHEDULED AUTOS	4X1-58-14-10	06/29/09	06/29/10	BODILY INJURY (Per person)	\$
A	X	HIRED AUTOS				BODILY INJURY (Per accident)	\$
A	X	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN FA ACC	\$
						AUTO ONLY AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4X1-58-14-10	06/29/09	06/29/10	E.L. EACH ACCIDENT	\$ 500000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$ 500000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 500000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Garbage or Refuse Collection
 Recycling at 2403 W. Old Lincoln Hwy, Grand Island, NE.

CERTIFICATE HOLDER <div style="text-align: right;">CITYGI2</div> CITY OF GRAND ISLAND RANAE EDWARDS 100 E 1ST ST GRAND ISLAND NE 68801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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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-Nebraska Disposal, Inc.
 Business Address 308/382-7053 3080 W 2nd
 Business Telephone ↓

- b. Miscellaneous Information:
 * Public Complaint Telephone (Sec. 17-19) 382-7053
 * Name Used on Vehicles (Sec. 17-18) Mid-Nebraska Disposal, Inc.

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 17-18) *on Health Dept. Cert. of Inspection*
 b. Certificate of Insurance (Section 17-21) *Should have on file*
 c. Performance Bond – Garbage Haulers Only (Section 17-22) *Ours is a continuing bond*
 d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
 e. Appointment of Resident Agent, if applicable (Section 17-16)
 f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9/3/09
 Date

Signature of Applicant

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/11/2009

PRODUCER (402)752-3700 FAX: (402)752-3706

Krull Insurance Agency
108 North Smith
PO Box 200
Kenasaw NE 68955

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
MID-NEBRASKA DISPOSAL, INC. AND LTSC, INC.
& CLARK BROTHERS
3080 W 2ND ST
GRAND ISLAND NE 68803-5264

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Employers Mutual

21415

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3053875	4/1/2009	4/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	3253875	4/1/2009	4/1/2010	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	3053875	4/1/2009	4/1/2010	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	3253875	4/1/2009	4/1/2010	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Copy of the policy is available upon request.

CERTIFICATE HOLDER

(402) 385-5486
CITY OF GRAND ISLAND
RANAE EDWARDS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John Longoria



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 FULL CIRCLE, INC.
 Business Address 4331 JUERGEN RD
GRAND ISLAND, NE. 68801
 Business Telephone 308-384-4418

- b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 308-384-4418
- * Name Used on Vehicles (Sec. 17-18) FULL CIRCLE, INC.

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:
MIKE LILIENTHAL
5700 S. LOCUST ST.
GRAND ISLAND, 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 17-18)
- b. Certificate of Insurance (Section 17-21)
- c. Performance Bond – Garbage Haulers Only (Section 17-22)
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9/2/09
Date

Signature of Applicant

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09-02-09

PRODUCER
 Ryder-Rosacker-McCue & Huston
 509 W. Koenig St.
 PO Box 1228
 Grand Island NE 68802

INSURED Full Circle Inc
 4331 Juergen Rd
 Grand Island NE 68801

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: EMC Insurance Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3D64881	01-10-09	01-10-10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	3E64881	01-10-09	01-10-10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	3J64881	01-10-09	01-10-10	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	3H64881	01-10-09	01-10-10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Fax: 308-385-5486

CERTIFICATE HOLDER	CANCELLATION
City of Grand Island Attn: RaNae Edwards - City Clerk PO Box 1968 Grand Island, NE 68802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Laura Barthelien</i> <LB>

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 and Equipment, LLC
 Business Address 7870 W. Old Potash Highway
Grand Island, NE 68840
 Business Telephone (308) 384-1690 (308) 380-6032

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) (308) 384-1690
- * Name Used on Vehicles (Sec. 17-18) O'Neill Transportation & Equipment

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

Pat O'Neill 1516 S Gumbel Rd
GI, NE 68801

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

Pat O'Neill 1516 S Gumbel Rd GI 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 17-18)
- b. Certificate of Insurance (Section 17-21)
- c. NA Performance Bond – Garbage Haulers Only (Section 17-22)
- d. NA License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. NA Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18)

9/10/29
Date

Pat O'Neill
Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/10/2009

PRODUCER (308) 382-8000 FAX: (308) 384-3417
 INSUR, Inc.
 1431 N Webb Rd
 PO Box 5884
 Grand Island NE 68802

INSURED
 O'Neill Transportation & Equipment, LLC
 PO Box 2202
 Grand Island NE 68802

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Addison Insurance Company	10324
INSURER B:	Commerce and Industry Ins Co	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	60337264	7/25/2009	7/25/2010	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	60337264	7/25/2009	7/25/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC AGG	\$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
					AGGREGATE	\$
	DEDUCTIBLE RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC003563332	3/29/2009	3/29/2010	WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	OTHER Equipment Floater	60337264	7/25/2009	7/25/2010	Rented Equipment	\$40,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER
 (308) 381-7795
 City of Grand Island
 100 E 1st St
 Grand Island, NE 68801

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 James Kahrhoff/MSK *James Kahrhoff*



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 SCOTT'S HAULING

Business Address 3230 WESTSIDE GRAND ISLAND NE.

Business Telephone 394-2606

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 308-384-2606
- * Name Used on Vehicles (Sec. 17-18) SCOTT'S HAULING

3 Residency Certification:

- a. Individual Applicant – Resident of Hall County
Name and Home Address of Individual:
ALLEN SCOTT 3230 WESTSIDE N. I. NE.
- 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 17-18)
- b. Certificate of Insurance (Section 17-21)
- c. Performance Bond – Garbage Haulers Only (Section 17-22)
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18)

Aug-9-2009
Date

Allen Scott
Signature of Applicant

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/10/2009

PRODUCER Ryder-Rosacker-McCue & Huston 509 W. Koenig St. PO Box 1228 Grand Island NE 68802	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Scott's Hauling Allen Scott dba 3230 Westside St Grand Island NE 68803	INSURER A: Cincinnati Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CAP 5154922	09/30/2008	09/30/11	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 500,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAA 5154922	09/30/09	09/30/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Grand Island is an additional insured.

CERTIFICATE HOLDER City of Grand Island PO Box 1968 Grand Island, NE 68802-1968	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Kathy Wolfe</i>
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