



City of Grand Island

Tuesday, September 22, 2015

Council Session

Item G-6

Approving Garbage Permits for Heartland Disposal and Mid-Nebraska Disposal, Inc. and Refuse Permits for Full Circle Rolloffs and O'Neill Transportation and Equipment LLC

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 22, 2015
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 2015/2016:

Heartland Disposal, 1839 East 4 th Street	Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2 nd Street	Garbage
Full Circle Rolloffs, 1839 East 4 th Street	Refuse
O'Neill Transportation and Equipment, 7100 West Old Potash Hwy	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 2015/2016.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2015/2016.



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

1839 E 4th St Grand Island 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:

Tommy Umml 567 S Shady Bend

- 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)

9/17/15
Date

Tommy Umml
Signature of Applicant

Type	Year	Make	Vin	GVWR(lbs)	License Plate #	Unit
TR	1990	International	1HSHBGFN2LH282714		8-203	102
TR	2005	International	1HTWGAA165J199550	60000	8-8916	110
TR	2003	Mack	1M2P267C13M066156		8-3612	125
TR	2007	International	1HTMSAARX7H471036		8-22049	127
TR	1999	Peterbilt	1NPZLA0X7XD711465		8-10546	204P
TR	1997	Volvo	4VMECKBEXVR742446	15579	8-14406	204V
TR	1998	Crane Carrier	1CYCCK482WT043440	50000	8-15094	308
TR	1998	International	1HTSHAA4TH399911	50000	8-3615	312
TR	1997	Ford	1FDZ586E9VVA28419		8-15469	316
TR	1999	International	1HTSHAAR8XH59816	54000	8-348	318
TR	2005	International	1HTWHADT05J033792		8-16905	320
TR	2005	International	1HTWHADT35J033771		8-17210	324
TR	1997	Volvo	4VMECKBEXVR742446	50000	8-11685	603
TR	2003	Freightliner	1FVHCFA823RK54525		8-19718	607
TR	1999	Peterbilt	1NPZHA8XXD711336		8-19278	608
TR	2005	Freightliner	1FVHCFDL75RU04275		8-22198	609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09-17-15

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 Ryder-Rosacker-McCue & Huston 509 W. Koenig St. Grand Island, NE 68801	CONTACT NAME: Jeanne Prince	
	PHONE (A/C, No, Ext): (308) 382-2330 or 800-658-4200	FAX (A/C, No): (308) 382-7109
	E-MAIL ADDRESS: jprince@ryderinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : United Fire Group	
	INSURER B : Carolina Casualty (PMC Insurance)	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		60448434	6-29-15	6-29-16	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		60448434	6-29-15	6-29-16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						Pollution Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	60448434	6-29-15	6-29-16	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	BNUWC0128183	6-26-15	6-29-16	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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 City of Grand Island is an additional insured when required by executed written contract.

CERTIFICATE HOLDERCity of Grand Island
Attn: Building Inspection Dept
PO Box 1968
Grand Island, NE 68802-1968

Fax: (308)385-5423

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

Katie Folkert

<KF>



UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA
UNITED FIRE & INDEMNITY COMPANY, WEBSTER, TX
FINANCIAL PACIFIC INSURANCE COMPANY, ROCKLIN, CA

Inquiries: Surety Department
118 Second Ave SE
Cedar Rapids, IA 52401

CERTIFIED COPY OF POWER OF ATTORNEY

(original on file at Home Office of Company – See Certification)

KNOW ALL PERSONS BY THESE PRESENTS, That UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa; UNITED FIRE & INDEMNITY COMPANY, a corporation duly organized and existing under the laws of the State of Texas; and FINANCIAL PACIFIC INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies), and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint Randy A. Ramlo, or David A. Lange, or Dennis J. Richmann, or Arthur J. Fearn, or Michael D. May, or D. Michael Hays, or Judith A. Davis, or Mary Bertsch, or Kyanna Saylor, or Jeremy Lewis, or Patricia Wiebel, or Philip E. Morgette, or Allison Nissen, or Leony Kaster, or Brad Hance, or Patti Waddell, or Patricia L. Niebes, or Shelby Braden, All Individually of Cedar Rapids, IA; or Gary D. Dill, or Ramona Seidman, or Stephen Moore, All Individually of Rocklin, CA

their true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$100,000,000.00 and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, AND FINANCIAL PACIFIC INSURANCE COMPANY.

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted on May 15, 2013, by the Boards of Directors of UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, and FINANCIAL PACIFIC INSURANCE COMPANY.

"Article VI – Surety Bonds and Undertakings"

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments and to attach the seal of the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 1st day of May, 2015



UNITED FIRE & CASUALTY COMPANY
UNITED FIRE & INDEMNITY COMPANY
FINANCIAL PACIFIC INSURANCE COMPANY

By: *Dennis J. Richmann* Vice President

State of Iowa, County of Linn, ss:

On 1st day of May, 2015, before me personally came Dennis J. Richmann

to me known, who being by me duly sworn, did depose and say; that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of UNITED FIRE & CASUALTY COMPANY, a Vice President of UNITED FIRE & INDEMNITY COMPANY, and a Vice President of FINANCIAL PACIFIC INSURANCE COMPANY the corporations described in and which executed the above instrument; that he knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



Mary A. Bertsch

Notary Public

My commission expires: 10/26/2016

I, David A. Lange, Secretary of UNITED FIRE & CASUALTY COMPANY, and Assistant Secretary of UNITED FIRE & INDEMNITY COMPANY, and Assistant Secretary of FINANCIAL PACIFIC INSURANCE COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations this 7th day of April 2015.



By: *David A. Lange*

Secretary, UF&C
Assistant Secretary, UF&I/FPIC

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

Business Address

Business Telephone

Mid-Nebaska Disposal, Inc.
3080 W 2nd
308-382-7053

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

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

308-382-7053

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 131 N. Bismark R.

c. ☐ Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

6 I, NE
68801

3 Required Documents to be Furnished:

- a. ☒ List of Vehicles (Section 17-18)
b. ☒ Certificate of Insurance (Section 17-21) *(You have a file)*
c. ☒ Performance Bond – Garbage Haulers Only (Section 17-22) *(You have a file)*
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) *(Call and once we receive it)*

9/8/15

[Signature]

Mid-Nebaska Disposal, Inc.

MID NEBRASKA DISPOSAL, INC
3080 W 2ND ST
GRAND ISLAND, NE 68803

TRUCK LIST AS OF 08/01/2015

UNIT #	SERIAL #	LICENSE#	TRUCK TYPE
2	1NPZLT0X84D715516	83586	2004 PETE-FL
4	1M2B209C26M030761	83973	2006 MACK-RO
5	1M2AV02C2FM012404	822121	2015 MACK-FL
6	1NKDX4TX0DJ341796	86427	2013 K.W. - RO
8	1FV6HLBB7WH888103	811017	1998 FREIGHTL-RL
10	1NPAL00X07D662648	817595	2007 PETE-RO
11	1HTWGADR93J069789	820303	2003 INT.-RL
12	1FVHCFCY66RW10296	81637	2006 CONDOR-SL
16	1M2B209C2BNOO9634	810422	1992 MACK-RO
20	2FZHAWAK11AH97549	89828	2001 STERLING-RO
22	1FVHCYBS3CHBM8762		2012 FRTLNR-RL
23	1HTWGADR73J069788	81175	2003 INTER-RL
24	1HTWGAZR57J398763	813964	2007 INTER-RL
33	1FVHCYBS08HZ17612	89149	2008 FREIGHTL-RL
34	1HTSDAAN4WH572893	86441	1998 INT-RL
35	3BPZL00X3BF121637		2011 PETE-SL
36	1CYCCL5846T047459	82192	2006 C.C.-SL
37	1HTSLAAM4TH284264	812051	1996 INTER-RL
40	4VMECLPFXXN768627	89053	1999 VOLVO-SL
41	1CYCCK4828T048981	89052	2008 C.C.-SL
44	1M2K189C66M034491	812498	2006 MACK-RL
45	3BPZL00X88F718226	822048	2008 PETE-FL
46	1FVXJLBB8RL776758	812492	1994 FRTLNER-RL
47	1HTWGAZT87J562633	816592	2007 INTER-RL
48	1FVHCYDJ37HY10248	87148	2007 FRTLNER-RL
49	1M2AG11C84M010607	84647	2004 MACK-RO
50	1FVHCFCY86RW43848	81098	2006 CONDOR-SL
51	1CYCCR582525T046893	814941	2005 CRANE CARR
52	1GCPKPE03A2235001	821224	2010 CHEVY- PU
53	1FVHCYBS9DHFH1763		2013 FRTLNR-RL



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
04/01/2015

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 Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL ADDRESS:
INSURED Mid-Nebraska Disposal, Inc. 3080 W 2nd St Grand Island, NE 68803	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AMCO INS CO	NAIC # 19100
	INSURER B: WEST BEND MUT INS CO	15350
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 43468531

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROTECT <input checked="" type="checkbox"/> LOG			GLA03016542002	04/01/15	04/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 300,000 VED 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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> IRRLD AUTOS <input checked="" type="checkbox"/> CA-9948 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90			BAA3016542002	04/01/15	04/01/16	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 \$ 10,000			CAA3016542002	04/01/15	04/01/16	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			AIL207690201	04/01/15	04/01/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE - EA EMPLOYEE \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Insurance Verification. Copy of Policy available upon request.

CERTIFICATE HOLDER

CANCELLATION

City of Grand Island Attn: Renae Edwards City Hall 100 E First St Grand Island, NE 68801 USA	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 <i>Renae Edwards</i>
---	---

CITY OF GRAND ISLAND
PERFORMANCE BOND REQUIRED BY
CHAPTER 17-22

BOND NO. BD 7900589563

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, MID-NEBRASKA DISPOSAL, INC. OF GRAND ISLAND, NE, AS PRINCIPAL, AND ALLIED MUTUAL INSURANCE COMPANY, A CORPORATION DULY LICENSED TO DO BUSINESS IN THE STATE OF NEBRASKA, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE CITY OF GRAND ISLAND, NEBRASKA AND ALL CUSTOMERS OF THE PRINCIPAL WHO RESIDE WITHIN THE CITY OF GRAND ISLAND, NEBRASKA, AS OBLIGEE, IN THE PENAL SUM OF FIFTY THOUSAND AND NO/100 (\$50,000.00) DOLLARS, FOR THE PAYMENT OF WHICH SUM WELL AND TRULY TO BE MADE, THE SAID PRINCIPAL AND THE SAID SURETY, BIND OURSELVES, OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

WHEREAS THE PRINCIPAL HAS BEEN GRANTED A LICENSE BY THE CITY OF GRAND ISLAND TO OPERATE AS A GARBAGE HAULER AND;

WHEREAS THE ORDINANCE 17-22 OF THE CITY OF GRAND ISLAND, NEBRASKA, PROVIDES THAT THE PRINCIPAL SHALL FURNISH A PERFORMANCE BOND CONDITIONED FOR THE COMPLIANCE WITH THE PROVISIONS OF 17-15 THROUGH 17-26 INCLUSIVE,

NOW THEREFORE, IF THE SAID PRINCIPAL SHALL FAITHFULLY PERFORM THE DUTIES AND IN ALL THINGS COMPLY WITH THE ABOVE LISTED ORDINANCE APPERTAINING TO THE LICENSE THEN THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT.

IT IS FURTHER PROVIDED THAT:

1. THE AGGREGATE LIABILITY OF THE SURETY UNDER THIS BOND SHALL NOT EXCEED FIFTY THOUSAND DOLLARS (\$50,000.00) REGARDLESS OF THE NUMBER OF YEARS THIS BOND SHALL REMAIN IN EFFECT.
2. THIS BOND SHALL BE EFFECTIVE FROM SEPTEMBER 30, 1999 AND SHALL CONTINUE UNTIL CANCELLED BY THE SURETY SENDING A WRITTEN NOTICE OF CANCELLATION TO THE CITY CLERK, CITY OF GRAND ISLAND, NEBRASKA, AND AT THE EXPIRATION OF THIRTY (30) DAYS FROM THE MAILING OF SAID NOTICE, THIS BOND SHALL TERMINATE AND THE SURETY SHALL THEREUPON BE RELIEVED FROM ANY LIABILITY FOR ANY ACTS OR COMISSION OF THE PRINCIPAL SUBSEQUENT TO SAID DATE.
3. ANY CLAIM FOR DEFAULT ON THIS BOND MUST BE FILED IN WRITING WITH THE SURETY AT ITS HOME OFFICE, 701 - 5TH AVE, DES MOINES, IOWA, 50391-2006, PROMPTLY AND IN ANY EVENT WITHIN 60 DAYS AFTER THE OBLIGEE OR THEIR REPRESENTATIVE SHALL LEARN OF SUCH DEFAULT. SUIT THEREON SHALL NOT BE COMMENCED IN LESS THAN 120 DAYS OR MORE THAN 365 DAYS FROM THE DATE OF THE DEFAULT ON WHICH THE CLAIM IS BASED.

SIGNED, SEALED AND DATED THIS 30TH DAY OF SEPTEMBER, 1999

MID-NEBRASKA DISPOSAL, INC.

PRINCIPAL

X [Signature]

ALLIED MUTUAL INSURANCE COMPANY

[Signature]

ATTORNEY-IN-FACT EUGENIA B. MILLER



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 Roll offs

Business Address

1839 E 4th St

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 Roll offs

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:

Tammy Lund 567 S Stahr 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)

9/17/15

Tammy Lund

TRUCK #	PLATE	MAKE	YEAR	TYPE
401	8-1336	INTERNATIONAL	1995	ROLLOFF
402	8-1336	FEREIGHTLINER	2004	ROLLOFF



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09-17-15

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 Ryder-Rosacker-McCue & Huston 509 W. Koenig St. Grand Island, NE 68801	CONTACT NAME: Jeanne Prince	
	PHONE (A/C, No, Ext): (308) 382-2330 or 800-658-4200 FAX (A/C, No): (308) 382-7109	
INSURED Heartland Disposal, Inc. 1839 E 4th St Grand Island NE 68803	E-MAIL ADDRESS: jprince@ryderinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United Fire Group	
	INSURER B: Carolina Casualty (PMC Insurance)	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

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			60448434	6-29-15	6-29-16	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			60448434	6-29-15	6-29-16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Pollution Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			60448434	6-29-15	6-29-16	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BNUWC0128183	6-26-15	6-29-16	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 City of Grand Island is an additional insured when required by executed written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Grand Island Attn: Building Inspection Dept PO Box 1968 Grand Island, NE 68802-1968 Fax: (308)385-5423	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: <i>Notie Folkerts</i> <KF>
--	---

© 1999-2014 ACORD CORPORATION. All rights reserved.



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

Business Address

Business Telephone

O'Neill Transportation / Eq. LLC
PO Box 2202 Grand Island
308 384-1690

- b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

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

308 384-1690
O'Neill Transportation
Equipment LLC

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)
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)

Kenworth 1994 084078
Sterling 2005 821951

9/16/2015

Rubi Harris for Pat O'Neill



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/3/2015

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 INSUR 1004 N Diers Ave Ste 140 PO Box 5884 Grand Island NE 68802-5884	CONTACT NAME: Rosemary Johns PHONE (A/C, No, Ext): (308) 382-8000 E-MAIL ADDRESS: rjohns@insurinc.com FAX (A/C, No): (308) 384-3417														
INSURED O'Neill Transportation & Equipment, LLC; O'Neill P O Box 2202 Grand Island NE 68802-2202	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Columbia Insurance Group</td><td></td></tr><tr><td>INSURER B: Scottsdale</td><td></td></tr><tr><td>INSURER C: Travelers Indemnity Company</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Columbia Insurance Group		INSURER B: Scottsdale		INSURER C: Travelers Indemnity Company		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Columbia Insurance Group															
INSURER B: Scottsdale															
INSURER C: Travelers Indemnity Company															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL158324076 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			0000016039	7/25/2015	7/25/2016	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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			0000016039	7/25/2015	7/25/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Business Auto Ultra \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CXS0003654	7/30/2015	7/25/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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	0G182380-15\ PENDING	7/25/2015	7/25/2016	<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 (308) 385-4523 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
--	--