



City of Grand Island

Tuesday, September 25, 2012

Council Session

Item G3

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

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 25, 2012
Subject: Approving Garbage and Refuse Haulers Permits
Item #'s: G-3
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 2012/2013:

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 2012/2013.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2012/2013.



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

3080 W 2nd

Business Telephone

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)
b. ☒ Certificate of Insurance (Section 17-21) *you have on file*
c. ☒ Performance Bond – Garbage Haulers Only (Section 17-22) *It is continuing*
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) *- will send upon Approval*

9/11/12
Date

[Signature]
Signature of Applicant

LTSC, INC
DBA CLARK BROTHERS SANITATION
3080 W 2ND ST
GRAND ISLAND, NE 68803

TRUCK LIST AS OF Sept 1, 2012

UNIT #	SERIAL #	LICENSE#	GVW	TRUCK TYPE
10	INPAL00X07D662648	812499		2007 PETERBILT-R.O.
22	1FVHCYDC44HN39035	81180		2004 FRTLNR-RL
23	1HTWGADR73JO69788	81175		2003 INTER-RL
24	1HTWGAZR57J398763	813964		2007 INTER-RL
35	1CYCCS484TT042186	81174		1996 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 PETERBILT-FL
46	1FVXJLBB8RL776758	812492		1994 FRTLNR- RL
47	1M2K175C3JM001716	812491		1988 MACK-RL
48	1FVHCYDJ37HY10248	87148		2007 FRTLNR-RL
50	1FVHCFCY86RW43848	81098		2006 FRTLNR



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 9/18/2012

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 Krull Insurance Agency 108 North Smith PO Box 200 Kenesaw NE 68956		CONTACT NAME: House Account PHONE (A/C No. Ext.): (402) 752-3700 FAX (A/C No.): (402) 752-3706 E-MAIL ADDRESS:	
INSURED MID-NEBRASKA DISPOSAL, INC. & Clark Bros 3080 W 2ND ST GRAND ISLAND NE 68803-5264		INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual NAIC # 21415 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: MASTER 2012-2013** **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		3D53875	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY		3E53875	4/1/2012	4/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" 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) \$
						Underinsured motorist \$ 100,000
A	UMBRELLA LIAB		3J53875	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> OCCUR					
	<input type="checkbox"/> CLAIMS-MADE					
	DED RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		3H53875	4/1/2012	4/1/2013	WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

(402) 385-5486

 CITY OF GRAND ISLAND
 RENAE EDWARDS

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

JOHN LONGORIA/JL

Kevin Agan Jr

ACORD 25 (2010/05)

IN 9/25/2012 05:04

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The ACORD name and logo are registered marks of ACORD

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

Business Telephone

382-11683

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

382-11683

* 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:

Tom Umel SR - 515 S Shady Bend Rd - G-I

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)

9/18/12
Date

Tom Umel
Signature of Applicant

Heartland Disposal Truck List

2004 International	Rolloff	8-8916
1994 Mack	Rolloff	8-4975
1997 Volvo	Side Load	8-14406
2003 Sterling	Rolloff	8-11352
1990 International	Rolloff	8-203
1998 International	Rear Load	8-3609
1998 Freightliner	Rear Load	8-4407
1998 International	Rear Load	8-6007
1999 International	Rear Load	8-348
1992 Peterbilt	Side Load	8-3469
1992 Peterbilt	Side Load	8-6990
1991 Freightliner	Rear Load	8-21017
1999 Ford	Rear Load	8-15969
2000 Crane	Side Load	8-10009
1999 Peterbilt	Front Load	8-10546

**UNITED FIRE & CASUALTY COMPANY
HOME OFFICE - CEDAR RAPIDS, IOWA
CERTIFIED COPY OF POWER OF ATTORNEY**

(Original on file at Home Office of Company - See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint RANDY A. RAMLO, OR DAVID LANGE, OR DENNIS J. RICHMANN, OR ARTHUR J. FEARN, OR DAVID G. DENNIS, OR MICHAEL D. MAY, OR D., MICHAEL HAYS, OR JUDITH A. DAVIS, OR MARY A. JANSEN, OR KYANNA WIESSLER, OR JEREMY LEWIS, OR PATRICIA WIEBEL, OR PHILIP E. MORGETTE, OR ALLISON NISSEN, OR LEONY KASTER, OR PATTI WADDELL, OR PATRICIA L. NIEBES, INDIVIDUALLY OF CEDAR RAPIDS, IA; LINDA BECCHETTI, OR MICHAEL D. HARBISON, INDIVIDUALLY OF ROCKLIN, CA

its 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 as follows: Any and All Bonds and all other instruments bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are 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.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by Board of Directors of the Company on April 18, 1973.

"Article V - Surety Bonds and Undertakings"

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company 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 Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company 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 Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

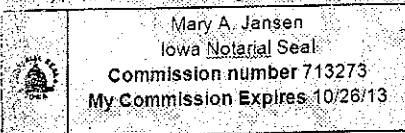
IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 1st day of November, 2011

UNITED FIRE & CASUALTY COMPANY

By Dennis J. Richmann
Vice President

State of Iowa, County of Linn, ss:

On 1st day of November, 2011, 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 the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; 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 corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

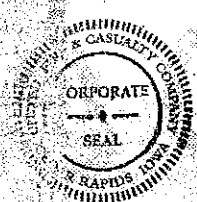


Mary A. Jansen
Notary Public

I, the undersigned officer of the UNITED FIRE & CASUALTY 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 by-laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, 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 Company this 24th day of July 20 12.

David A. Jansen
Secretary



BPCA0019 0611



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

3080 W 2nd

Business Telephone

382-7053

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)
 b. ☒ Certificate of Insurance (Section 17-21) *you have on file*
 c. ☒ Performance Bond – Garbage Haulers Only (Section 17-22) *IT IS CONTINUING*
 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) - *will send upon arrival*

9/11/12

Date

Signature of Applicant

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

TRUCK LIST AS OF January 1, 2011

UNIT #	SERIAL #	LICENSE#	TRUCK TYPE
2	1NPZLT0X84D715516	83586	2004 PETE-FL
3	14TLKTVR7KH657269	84601	1989 INT.- RL
4	1M2B209C26M030761	812921	2006 MACK-RO
5	1XPZLAOX3RD708023	8249	1994 PETE- FL
6	1M2B209C25MO15719	86427	1995 MACK-RO
8	1FV6HLBB7WH888103	811017	1998 FREIGHTL-RL
11	1HTWGADR93J069789	813688	2003 INT.-RL
12	4VMDCLPFXWN753894	81637	1998 VOLVO-RL
16	1M2B209C2BNOO9634	810422	1992 MACK-RO
20	2FZHAWAK11AH97549	89828	2001 STERLING-RO
33	1FVHCYBS08HZ17612	89149	2008 FREIGHTL-RL
34	1HT5DAAN4WH572893	86502	1998 INT-RL
36	1CYCCL5846T047459	82192	2006 CRANE CARR
42	2FWJA3CV04AN24530	821024	2004 STERLING
49	1M2AG11C84M010607	823096	2004 MACK-RO
51	1HTMMAAN29H126996	814941	2005 CRANE CARR
43	2004 FONTAINE 48' DROP TRAILER	13N24830841521695	



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 9/18/2012

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 Krull Insurance Agency 108 North Smith PO Box 200 Kenesaw NE 68956		CONTACT NAME: House Account PHONE (A/C No. Ext.): (402) 752-3700 FAX (A/C No.): (402) 752-3706 E-MAIL ADDRESS:	
INSURED MID-NEBRASKA DISPOSAL, INC. & Clark Bros 3080 W 2ND ST GRAND ISLAND NE 68803-5264		INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual NAIC # 21415 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: MASTER 2012-2013** **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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCLUR		3D53875	4/1/2012	4/1/2013	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	3E53875	4/1/2012	4/1/2013	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						Underinsured motorist \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		3J53875	4/1/2012	4/1/2013	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	3R53875	4/1/2012	4/1/2013	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

(402) 385-5486

 CITY OF GRAND ISLAND
 RENAE EDWARDS

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

JOHN LONGORIA/JL

ACORD 25 (2010/05)

IN 9/25/2010 9/1/11

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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

Herland Disposal DBA Full Circle

Business Address

1839 E 4th St

Business Telephone

384-4418

- b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

384-4418

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

Full Circle

3 **Residency Certification:**

- a. ☒ Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

Tom Umel SR - 515 S Shady Bend Rd - GI

- 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)

9/18/12
Date

Tom Umel SR
Signature of Applicant

Full Circle Rolloff Trucks

2005 Freightliner 1FVMCYDC75HU64072

1996 International 2HSFMALR3TC047221



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
01/10/2012

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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 1-866-220-4625 Holmes Murphy and Associates - Omaha 2637 South 158th Plaza Suite 200 Omaha, NE 68130	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED Full Circle Inc. 4331 Juergen Road Grand Island, NE 68801	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: BURLINGTON INS CO</td> <td>23620</td> </tr> <tr> <td>INSURER B: COLUMBIA NATL INS CO</td> <td>19640</td> </tr> <tr> <td>INSURER C: PRINCETON EXCESS & SURPLUS LINES INS</td> <td>10786</td> </tr> <tr> <td>INSURER D: GUARANTEE INS CO</td> <td>11398</td> </tr> <tr> <td>INSURER E: TRAVELERS PROP CAS CO OF AMER</td> <td>25674</td> </tr> <tr> <td>INSURER F: TRAVELERS PROP CAS INS CO</td> <td>36161</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BURLINGTON INS CO	23620	INSURER B: COLUMBIA NATL INS CO	19640	INSURER C: PRINCETON EXCESS & SURPLUS LINES INS	10786	INSURER D: GUARANTEE INS CO	11398	INSURER E: TRAVELERS PROP CAS CO OF AMER	25674	INSURER F: TRAVELERS PROP CAS INS CO	36161
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INSURER E: TRAVELERS PROP CAS CO OF AMER	25674														
INSURER F: TRAVELERS PROP CAS INS CO	36161														

COVERAGES
CERTIFICATE NUMBER: 25092231

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			HGL0029662	01/10/12	01/10/13	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 \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY			CAPNB0000012916	01/10/12	01/10/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						
C	UMBRELLA LIAB			82A3FF000011201	01/10/12	01/10/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	EXCESS LIAB DEF <input type="checkbox"/> RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WIC301004460112	01/10/12	01/10/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
E	Inland Marine			QT6602885C34ATIL12	01/10/12	01/10/13	Blanket Cont EQ 4,014,765
E	Inland Marine			QT6602885C34ATIL12	01/10/12	01/10/13	Leased/Rented EQ 750,000
F	Inland Marine			QT6602885C34ATIL12	01/10/12	01/10/13	Cont EQ & L/R Ded. 1,000

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

CERTIFICATE HOLDER

 City of Grand Island

 Attn: RaNae Edwards - City Clerk
 P.O. Box 1968

 Grand Island, NE 68802

 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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 ACORD 25 (2010/05)
 edornne
 25092231

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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

Business Address

Business Telephone

O'Neill Transportation & Equipment
PO Box 2202 Grand Island, NE 68802
(306) 384-1690

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

(306) 384-1690

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

(306) 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. Grand Island Rd

b. ☒ Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

Pat O'Neill 1516 S Grand Island Rd
(68802)

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)

9/20/2012
Date

Signature of Applicant

O'NEILL TRANSPORTATION AND EQUIPMENT, LLC

List of Refuse Vehicles

Year	Make	Model	GVWR	Lic #	VIN
1987	Ford	LTL9000	56,800	8-5402	1FDYA90XXHVA03192
1994	Kenworth	T800	62,400	8-18731	1NKDLA0X4RJ27510

P.O. Box 2202 • Grand Island Nebraska • 68802-2202
Phone: (308) 381-9677 • Fax: (308) 381-7795
Email: pat@thirdpartyenvironmental.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2012

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, Inc. 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 FAX (A/C, No): (308) 384-3417 E-MAIL: rjohns@insurinc.com ADDRESS: rjohns@insurinc.com
INSURED O'Neill Transportation & Equipment, LLC; O'Neill Wood Resources P O Box 2202 Grand Island NE 68802-2202	INSURER(S) AFFORDING COVERAGE INSURER A: Addison Insurance Company NAIC # 10324 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1271714733

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 INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		60337264	7/25/2012	7/25/2013	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 - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		60337264	7/25/2012	7/25/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Business Auto Ultra \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60337264	7/25/2012	7/25/2013	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
A	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 <input type="checkbox"/> N/A	60337264	7/25/2012	7/25/2013	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Grand Island is an additional insured

CERTIFICATE HOLDER

(308) 385-4523

City of Grand Island
Attn: Building Inspection Dept
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

Jay Kaspar/RKJ

ACORD 25 (2010/05)

INS025 (2010/05) 01

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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

Scott's Hauling

Business Address

5531 N. 130th Road, Cairo NE 68824

Business Telephone

308-384-1688

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308-384-1688

* 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:

Roger Scott

5531 N. 130th Road, Cairo NE 68824

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)

18 Sept. 2012
Date

Roger Scott
Signature of Applicant



1137 S. Locust Street • Grand Island, NE 68801 • Phone (308) 385-5175 • Fax (308) 385-5181

1719 16th Avenue • Central City, NE 68826 • Phone (308) 946-3103 • Fax (308) 946-2086

Garbage & Refuse Truck Inspection Report

Company Name Scott's Hauling
Street Address 3230 W 3rd St City Grave State NE Zip 68103
Contact Person Ryan Scott Telephone # 380-9552

[illegible]

1. Hauling body constructed of metal.
2. Joints of body closed and smooth.
3. Leak proof body.
4. Tight fitting hood on body.
5. Doors operate properly.
6. Commercially prepared sign, letters 4" tall or larger showing name of licensee.
7. Maintained in clean sanitary condition.

Number of noncompliant trucks:

Remarks :

looks good

9-19-12
Date of Inspection

Date of inspection _____

Received By

Inspector Signature

"Your partner in building healthy communities."



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 09/20/2012

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 Ryder-Rosacker-McCue & Huston 509 W. Koenig St. PO Box 1228 Grand Island NE 68802		CONTACT NAME: Kristly Wolfe PHONE (A/C, Mo, Ext): (308) 382-2330 E-MAIL ADDRESS: kwolfe@ryderInsurance.com FAX (A/C, No): (308) 382-7109	
INSURED Scotts Hauling 3230 Westside St Grand Island NE 68803		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		176182	09-30-11	09-30-14	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$1,000,000
A	AUTOMOBILE LIABILITY		176182	09-30-11	09-30-14	COMBINED SINGLE LIMIT (Per accident) \$1,000,000
	<input checked="" 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) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Maurice Vanier

<KF>

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