

NASSAU COUNTY SOLID WASTE DEPARTMENT
APPLICATION FOR
SOLID WASTE HAULERS PERMIT

Date Received: <u>3-15-19</u>	Date Approved/Disapproved: _____
Business Lic. No: <u>N/A</u>	County Manager: <u>BOCC Chairman</u>
<p>Name / Address / Ph# of Company: <u>Waste Masters Inc.</u> <u>540223 US Hwy 1</u> <u>Callahan, FL 32011</u></p> <p>Contact Person: <u>Marty Barker (904) 831-1000</u></p> <p>Attach Brief Description of Corporate History _____</p>	
<p>Permit to Collect & Dispose of Solid Waste from: _____ (Check all that apply)</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Residential Property <input checked="" type="checkbox"/> Commercial Property</p>	
<p>Identify Solid Waste Disposal Facility to be used:</p> <p>Name: <u>Trail Ridge Landfill</u></p> <p>Address: <u>5110 US Hwy 301 S. Jax, FL 32234</u></p> <p>PH#: <u>(866) 909-4458</u></p> <p>Provide written and verifiable evidence that the above facility is operating under a current and valid Permit or Consent Order issued by the Florida Department of Environmental Protection or its successor in function or another comparable governmental agency.</p>	
<p>I. Provide a statement that Applicant has adopted and will maintain and enforce a policy of non-discrimination. NC ORD 96-12 Sec 30 1/2-84</p> <p>II. Provide a statement that the Applicant has a Performance Bond or Letter of Credit in force. NC ORD 96-12 Sect 30 1/2-85</p> <p>III. Provide proof that the Applicant has required Liability Insurance, Hold Harmless & Workers Comp. Required. NC ORD 96-12 Sec 30 1/2-86</p> <p>IV. Provide an affidavit of the Actual or Estimated cost of the investment in equipment, land and other facilities. NC ORD 96-12 Sec 30 1/2-87</p> <p>V. Provide a complete list of equipment, numbers and description to be utilized with this Permit. NC ORD 96-12 Sec 30 1/2-87</p>	
Permit # _____	Expiration Date: _____

WASTE MASTERS INC
540223 US Hwy 1
Callahan, FL 32011
904-831-1000

Ameris Bank
64-175/612

0713
FRAUD ARMOR

03/15/2019

PAY TO THE
ORDER OF

Nassau County Solid Waste Division

\$ **500.00

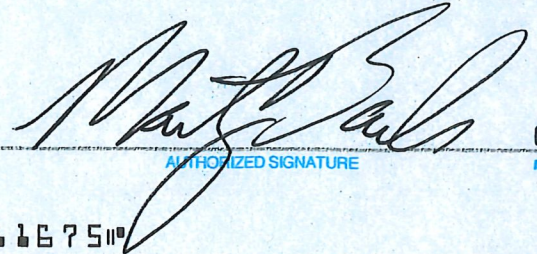
Five hundred and 00/100*****

DOLLARS

Nassau County Solid Waste Division
46026 Landfill Road
Callahan, FL 32011

MEMO

Sw Haulers Permit Application


AUTHORIZED SIGNATURE

⑈000713⑈ ⑈061201754⑈

2019011675⑈

WASTE MASTERS INC

540223 US Hwy 1
Callahan, FL 32011
904-831-1000

Ameris Bank
64-175/612

0713

FRANZ ARMOR

03/15/2019

PAY TO THE
ORDER OF

Nassau County Solid Waste Division

\$ **500.00

Five hundred and 00/100*****

DOLLARS

Nassau County Solid Waste Division
46026 Landfill Road
Callahan, FL 32011

MEMO

SWS Haulers Permit Application



AUTHORIZED SIGNATURE

⑈000713⑈ ⑆061201754⑆

2049011675⑈



Waste Masters Inc.
540223 US Highway 1
Callahan, Fl. 32011
(904) 831-1000

Subject: Policy of non-discrimination

Date: March 8, 2019

To whom it may concern,

Waste Masters Inc provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veterans status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absents, compensation and training.

Marty Barker,
President



Waste Masters Inc.
540223 US Highway 1
Callahan, Fl. 32011
(904) 831-1000

Subject: Performance Bond

Date: March 8, 2019

To whom it may concern,

Waste Masters Inc has a Performance Bond in force in accordance to NC ORD 96-12 Sect 30 1\2-85.

Marty Barker,
President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GIGA Solutions, Inc. 101 Plaza Real South Suite 201 Boca Raton FL 33432	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 581-0807 FAX (A/C, No): (954) 252-4426	
	E-MAIL ADDRESS: certs@gigasolves.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State National Insurance Compa	12831
INSURED Convergence Employee Leasing, Inc. Convergence Employee Leasing II, Inc. Convergence Employee Leasing III, Inc. 9393-1 Mill Springs Drive Jacksonville FL 32257	(904) 731-9014	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** Cert ID 29681**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
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			AMX-211-0001-001	10/1/2018	10/1/2019	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
Coverage provided for all leased employees but not subcontractors of Waste Masters Inc of Florida
Location coverage effective 12/2/2018

CERTIFICATE HOLDER

Nassau County Solid Waste Division
46026 Landfill Rd
Callahan FL 32011

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

Carla Busch

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SUNST-5

OP ID: CT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edison Insurance Agency, Inc. 3835 Palm Beach Boulevard #A Fort Myers, FL 33916	239-693-0400	CONTACT NAME: Jacqueline S King	
		PHONE (A/C, No, Ext): 239-693-0400 FAX (A/C, No): 239-693-2522	
		E-MAIL ADDRESS: JKing@Edisonins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Clear Blue Insurance Company	28860
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED Waste Masters Inc of Florida
9651 Walton Oaks Lane
Jacksonville, FL 32221

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			BIFL13589200	11/07/2018	11/07/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 50,000
							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 OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Debris removal construction site

CERTIFICATE HOLDER

CANCELLATION

NASS007 Nassau County Solid Waste Division 46026 Landfill Rd Callahan, FL 32011	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



Waste Masters Inc.
540223 US Highway 1
Callahan, Fl. 32011
(904) 831-1000

Subject: Affidavit of Actual cost of investment

Service Location: 540223 US Highway 1, Callahan, Fl. 32011

Date: March 8, 2019

To whom it may concern,

Following is a list of investments in equipment and facilities:

Office and storage facilities	= \$583,016.73
Trucks and containers	= 203,733.42 (ability to add as needed)
Shop tools	= <u>16,377.84</u>
Total	= \$803,127.99

+ a year of multiple employee hour in preparation of

Marty Barker,
President



Waste Masters Inc.
540223 US Highway 1
Callahan, Fl. 32011
(904) 831-1000


Subject: Equipment List

Service Location: 540223 US Highway 1, Callahan, Fl. 32011

Date: Equipment List

To whom it may concern,

In the beginning, two roll off trucks (numbers 101&102) will be used to service Nassau County, ten 30 yard and ten 20 yard contains. More will be moved from neighboring counties or purchased as needed.


Marty Barker,
President