

COPY 1



RFP Response

Nassau County Board of County Commissioners

**Invitation to Bid #NC20-022
Trash Haul Assistance**

**Bid Opening: Thursday, August 6, 2020
10:00am**



Submitted By:

Meridian Waste Florida, LLC

463106 SR 200

Yulee, FL 32097

Contact: Dave Shepler, District Manager

Email: DShepler@MeridianWaste.com

Phone: 904.237.6546





August 6, 2020

Nassau County Board of County Commissioners

RE: Invitation to Bid #NC20-022, Trash Haul Assistance

Dear Board of County Commissioners,

Meridian Waste Florida, LLC, a wholly-owned subsidiary of Meridian Waste Acquisitions, LLC, ("Meridian Waste"), is pleased to submit the attached response to Nassau County Board of County Commissioners Invitation to Bid for Trash Haul Assistance. Meridian Waste understands the requirements as set forth by the County and is prepared and able to continue to provide the services requested.

Enclosed for your review are the following required documents:

Invitation to Bid Signed Cover Page
Bid Price Sheet
Addendum Acknowledgement
Public Entity Crimes Sworn Statement
Experience of Bidder
Drug Free Workplace
Proof of Current Insurance

Our Philosophy

Meridian Waste is a company defined by our commitment to servicing our customers and employees with unwavering respect, fairness and care.

Our customers demand high quality service, and we deliver clean and clear results for your businesses, your homes and your community.

I am confident that you will have a favorable response to our submission that we have provided. If after reviewing our response, you have any questions or require any additional information, we would be pleased to meet with you to discuss your questions. Thank you for allowing Meridian Waste the opportunity to present this proposal response.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Shepler", is written over the "Sincerely," text.

Dave Shepler
District Manager
Meridian Waste Florida, LLC
463106 FL 200
Yulee, FL. 32097
904-849-5122 office
904-237-6546 mobile
DShepler@MeridianWaste.com

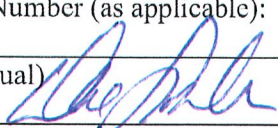
INVITATION TO BID



NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Bid Title: Trash Haul Assistance	
Bid Number: NC20-022	
Requesting Department: Solid Waste	Bid Contact: John Cox, Grants Administrator/Interim Contract and Purchasing Manager
Contact Address 96135 Nassau Place, Suite 2 Yulee, Florida 32097	Contact Information 904-530-6021 Email: jcox@nassaucountyfl.com
Bid Due Date or Closing Date/Time: Wednesday, August 5, 2020 @ 4:00 PM	Bid Opening Date/Time: Thursday August 6, 2020 @ 10:00 AM (or there soon after)
Location to Mail Bid: John A. Crawford, Ex-Officio Clerk, Robert M. Foster Justice Center, 76347 Veterans Way, Suite 456, Yulee, FL 32097	

In accordance with the intent and content of this Invitation to Bid (ITB), we the undersigned do hereby offer to perform as stipulated in this response. Failure to do so may result in the forfeiting of bid security, removal from the County's bidder list, or other remedies available to the County under the laws of the State of Florida.

Legal Name of Bidder: MERIDIAN WASTE FLORIDA LLC		
Business Address 463106 SR 200 YULEE, FLORIDA 32097		
Phone Number 904-849-5122	Fax Number —	E-Mail Address: DSHEPLER@MERIDIANWASTE.COM
Vendor's Florida License Number (as applicable): EIN: 82-5417486 FL LLC # L18000107054		
Authorized Signature (manual) 		Date: 7-16-2020
Printed Signature: DAVE SHEPLER		Title: District Manager

General Instructions/Declarations

1. Bids will be opened by a representative of the Clerk's Office at the Robert M. Foster Justice Center, 76347 Veterans Way, Second Floor, Yulee, Florida 32097, on the appropriate date and time as shown above. Bid results will be available pursuant to Fla. Stat. §119.071(b).
2. Bids must be SUBMITTED ON THE FORM FURNISHED BY THE COUNTY and in accordance with specifications and list of quantities desired.
3. Page One must be completed and submitted as the top sheet of your bid response.
4. It is the intent and purpose of Nassau County that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Contract Management Office at the address noted above, if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Contract Management Office not later than seven (7) calendar days prior to the bid closing date.
5. **THERE WILL NOT BE A NON-MANDATORY PRE-BID CONFERENCE FOR THIS BID (see A18).**


(THIS PAGE MUST BE RETURNED WITH YOUR BID)

BID PRICE SHEET
TRASH HAUL ASSISTANCE – CONVENIENCE RECYCLE CENTER
BID NUMBER NC20-022

Item	Description	Price Per Pull
1	20 Yard Roll-Off Open Top Bin	\$ 175 ⁰⁰
2	30 Yard Roll-Off Open Top Bin	\$ 175 ⁰⁰
3	30 Yard Trash Compactor Bin	\$ 175 ⁰⁰

The Undersigned, as bidder, hereby declares that the only person or persons interested in the proposal as Principal(s) is, or are, named herein and that no other person that herein mentioned has any interest in this proposal or in the contract to be entered into; that this proposal is made without connection with any other person, company, or parties making a bid or proposal, and that it is in all respect fair and in good faith, without collusion or fraud.

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.


 SIGNATURE OF INDIVIDUAL SUBMITTING BID

7-16-2020
 DATE

Dave Shepley
 PRINTED NAME

District Manager
 TITLE

COMPANY NAME: Meridian Waste Removal LLC

ADDRESS: 463106 SR 200

CITY, STATE, ZIP: Yulee, FL 32097

PHONE NUMBER: 904-849-5122 FAX NUMBER:

EMAIL ADDRESS: DSHEPLEY@MERIDIANWASTE.COM

REMINDER: THIS FORM IS TO BE INCLUDED WITH THE BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.
ATTACHMENT "C"

Addenda Acknowledgment

<p>Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.</p> <p>BID NUMBER: NC20-022</p>	<p>Addendum # _____ through # _____</p> <p>Initial: <i>L/A</i></p> <p>Date:</p>
<p>Person Completing ITB (Signature)</p> <p><i>[Signature]</i></p>	
<p>Name (Printed):</p> <p><i>Mr. Lister</i></p>	<p>Title:</p> <p><i>Assistant Manager</i></p>

>>>Failure to submit this form may disqualify your response<<<

ATTACHMENT "E"

NASSAU COUNTY

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES

TO BE RETURNED WITH BID

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED
TO ADMINISTER OATHS

1. This sworn statement is submitted with Bid, Proposal or Contract for TRASH HAUL ASSISTANCE NC20-032
2. This sworn statement is submitted by MERIDIAN WASTE FLORIDA LLC (entity submitting sworn statement), whose business address is 463106 SR 200 JULIE FL 32097 and its Federal Employee Identification Number (FEIN) is 82-5417486. (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____).
3. My name is DAVE SHEPHER (please print name of individual signing), and my relationship to the entity named above is DISTRICT MANAGER.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services, any leases for real property, or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction or a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 - a) A predecessor or successor of a person convicted of a public entity crime; or
 - b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not to fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one of more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies.)

☐ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the Hearing Officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

☐ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

☐ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)


(Signature)

7-16-2020
Date

State of: FLORIDA

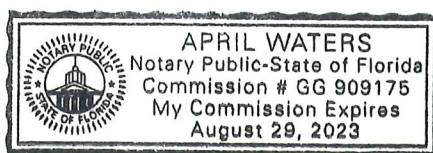
County of: NASSAU

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 16th day of JULY, 20 20.

Personally known ☒ or Produced Identification _____

(Specify type of Identification)


Notary Public



My commission expires _____

ATTACHMENT "F"

EXPERIENCE OF BIDDER

The following questionnaire shall be answered by the bidder for use in evaluating the bid to determine the lowest, responsive, and responsible bidder, meeting the required specifications.

1. **FIRM NAME:** MERIDIAN WASTE FLORIDA LLC
Address: 463106 SR 200
City/State/Zip: YULCE FL 32097
Phone: 904-849-5122 **Fax:** —
Name of primary contact responsible for work performance: DAVE SHEPLER
Phone: 904-849-5122 **Cell Phone:** 904-237-6546 **Email:** DSHEPLER@MERIDIANWASTE.COM

2. **INSURANCE:**
Surety Company: McGRATH Insurance
Agent Company: McGRATH Insurance
Agent Contact: ELIZABETH BAILEY
Total Bonding Capacity: \$~~Contract Requirement~~ **Value of Work Presently Bonded:** \$355,000

3. **EXPERIENCE:**
Years in business: 5
Years in business under this name: 2
Years performing this type of work: 5 (MANAGEMENT STAFF + 25 YRS EACH)
Value of work now under contract: \$2.7 million
Value of work in place last year: \$2.0 million
Percentage (%) of work usually self-performed: 100%
Name of subvendors you may use: N/A
Has firm: Failed to complete a contract: NO
 Been involved in bankruptcy or reorganization: NO
 Pending judgment claims or suits against firm: NO

4. **PERSONNEL**
 How many employees does your company employ:

Management	<u>2</u>	Full time	<u>—</u>	Part time
Site/Crew Supervisors	<u>2</u>	Full time	<u>—</u>	Part time
Workers/Laborers	<u>22</u>	Full time	<u>—</u>	Part time
Clerical	<u>3</u>	Full time	<u>—</u>	Part time
Other	<u>—</u>	Full time	<u>—</u>	Part time

5. **WORK EXPERIENCE:**

List your three (3) most significant commercial accounts where the contract was similar in scope and size to this bid.

Reference #1:

Company/Agency Name: NASSAU COUNTY CONVENIENCE RECYCLE CENTER
Address: 46026 LANDFILL ROAD
Contract Person: BECKY DIDEN
Phone: 904-530-6700 Fax: _____ Email: bdiden@NASSAUCOUNTYFL.COM
Project Description: TRASH ROLL ASSISTANCE
Contract \$ Amount: VARIES
Date Completed: CURRENT VENDOR

Reference #2:

Company/Agency Name: NASSAU COUNTY GARBAGE SERVICE FOR COUNTY PARK + FACILITY COLLECTIONS
Address: 41595 MUSSELMITE ROAD COVINGTON, FL 32011
Contract Person: TAMMY CONLEY
Phone: 904-530-6123 Fax: _____ Email: TCONLEY@NASSAUCOUNTYFL.COM
Project Description: GARBAGE DUMPSTERS + SERVICE @ NASSAU COUNTY PARKS + FACILITIES
Contract \$ Amount: \$36,252
Date Completed: CURRENT VENDOR

Reference #3:

Company/Agency Name: FAA AIR TRAFFIC CONTROL CENTER - HILLIARD
Address: 37075 AVIATION LANE HILLIARD FL 32046
Contract Person: DEBRA MARTINEZ
Phone: 954-960-1075 Fax: _____ Email: DMARTINEZ@INTERNATIONALSUPPORTGROUP.COM
Project Description: ROLL OFF + GARBAGE + RECYCLE SERVICES @ HILLIARD FAA FACILITY
Contract \$ Amount: \$10,000 ANNUAL
Date Completed: CURRENT VENDOR

REMINDER:

THIS FORM IS TO BE INCLUDED WITH BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

ATTACHMENT "G"

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that _____

MELIDIAN WASTE FLORIDA LLC (print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, or any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of a drug free work place program.

"As a person authorized to sign a statement, I certify that the above named business, firm, or corporation complies fully with the requirements set forth herein."

[Handwritten Signature]

Authorized Signature

7-16-2020

Date Signed

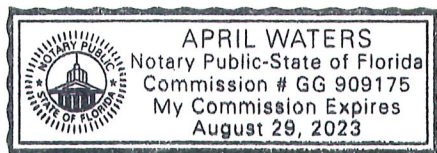
State of: FLORIDA

County of: NASSAU

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 16th day of JULY, 2020.

Personally known ☒ or Produced Identification _____

(Specify type of Identification)



April Waters

Notary Public

My commission expires _____



Sample COI – ACORD Certificate

ACORD		CERTIFICATE OF LIABILITY INSURANCE	CFSGROU-01	DMSEAL		
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.		DATE (MM/DD/YYYY) 4/20/2020				
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 Towne Insurance Agency, LLC 9330 Iron Bridge Road Suite A Chesterfield, VA 23832		CONTACT NAME: PHONE (A/C, No, Ext): (804) 751-0600 FAX (A/C, No): (804) 751-0605 EMAIL: ADDRESS:				
INSURED Meridian Waste Acquisitions, LLC SEE ATTACHED FOR COMPLETE NAMED INSURED 5925 Carnegie Boulevard, Suite 370 Charlotte, NC 28209		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company 17370 INSURER B: Great Divide Insurance Company 25224 INSURER C: Brickstreet Mutual Insurance Company 12372 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.						
INSTR. LTR.	TYPE OF INSURANCE	ADDL. SUBR. INDR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLLUTION - \$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X X	GSP2028843-11	4/15/2020	4/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Includes MCS-90 End	X X	BAP2028844-11	4/15/2020	4/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	X X	FFX2028846-12	4/15/2020	4/15/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCB1027015	9/1/2019	9/1/2020	<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
A	Pollution Liability		GSP2028843-11	4/15/2020	4/15/2021	Per Occurrence 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SEE ATTACHED NAMED INSURED SCHEDULE FOR COMPLETE LIST OF NAMED INSURED						
The above referenced policies include Blanket additional insureds as respects to General Liability, Automobile Liability and operations of the insured, with coverage being Primary and Non-Contributory, only as required by written contract as per forms GSP 7005 0517, BSUM CA06 0213, BSUM1200 0916, and CA0449 1116, copies attached. Blanket waiver of subrogations under the General Liability, Automobile Liability, and Workers Compensation only as required by written contract as per forms GSP7012 0517, CA0444 0310, and WC000313 0484, copies attached. SEE ATTACHED ACORD 101						
CERTIFICATE HOLDER			CANCELLATION			
Information Purpose Only Meridian Waste Acquisitions LLC 5925 Carnegie Boulevard, Suite 370 Charlotte, NC 28209			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
ACORD 25 (2016/03)			AUTHORIZED REPRESENTATIVE Dana M. Seal			
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AGENCY CUSTOMER ID: CF80R0U-01

DMSEAL

LOC # 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Towne Insurance Agency, LLC		NAMED INSURED Meridian Waste Acquisitions, LLC SEE ATTACHED FOR COMPLETE NAMED INSURED 3525 Carnegie Boulevard, Suite 370 Charlotte, NC 28209	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Umbrella Liability is following form over the General Liability, Automobile Liability and Employers Liability coverage.
30 Day Notice of Cancellation (10 days for nonpayment of premium) will be provided when required.

MERIDIAN NAMED INSUREDS

NAMED INSURED	
Meridian Waste Acquisitions, LLC	
Meridian Waste Holdings, LLC	
Meridian Waste Solutions, Inc.	
Christman Disposal LLC	
FWCD, LLC	
Meridian Waste Missouri, LLC	
Here to Serve - Missouri Waste Division LLC (dba Meridian Waste Services)	
Wilson Waste Systems, LLC	
Meridian Land Company, LLC	
Meridian Waste Florida, LLC	
Partner Disposal, LLC	
Meridian Waste Georgia, LLC (dba Here to Serve - Georgia Waste Division, LLC)	
Meridian Waste Tennessee, LLC	
Knoxville Landfills, LLC	
Meridian Waste North Carolina, LLC	
Meridian Waste Virginia, LLC	
The CFS Group, LLC dba Container First Services, LLC	
The CFS Group Blue Ridge Disposal & Recycling Services, LLC	
Blue Ridge Disposal, Inc.	
The CFS Group Disposal & Recycling Services, LLC	
In-City Recycling, LLC	
RWGS, LLC (dba Lumburg Landfill)	
Meridian Waste North Carolina, LLC	
Shorewell Landfill, LLC	
Shorewell Transfer Stations II, Inc.	
King's Grading, Inc.	
Never Stop Trucking, LLC	
Capitol Waste Transfer, LLC	
Capitol Recycling, LLC	
Moerrsville Transfer Station, LLC	
Allied Installation, LLC	