



APPLICATION FOR NON-EXCLUSIVE PRIVILEGE AGREEMENT

(Collection and Transportation of Municipal Solid Waste)

INSTRUCTIONS: Complete form and return to City of Fort Worth, Solid Waste Management Division
4100 Columbus Trail, Fort Worth, TX 76133

Trade Name of Applicant HD Waste & Recycling LLC	Physical Address 10631 C F Hawn Fwy, Dallas TX 75217
Contact Name Diana Martinez	Contact (214) 792 - 9199
Mailing Address PO Box 851734	Telephone Number (214) 792 - 9199
Mesquite TX 75185-1734	Fax Number (972) 364 - 1199

1. Briefly describe the nature and character of the service the applicant proposes to render.
Roll Off Dumpster rental

2. Estimated Number of Vehicles Operating Under this Agreement. A list of all vehicles must be attached to this application. The list shall include make, model, year and license plate number of all vehicles to operate under this Agreement.	2
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3. Do each of the vehicles listed in question 2 above have a current City of Fort Worth Hauling Permit?	NO
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4. Applicant has attached Certificated of Liability Insurance as required in the Non-Exclusive Privilege Agreement, section 13.	Circle One YES NO
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5. Signature of person authorized by the Company to sign this Application		
Signature	<u>Diana Martinez</u>	
Title	<u>Member</u>	Date <u>9/11/2020</u>

For City Use Only

Privilege Agreement Number: _____ Date Approved: _____

Period Covered: _____ to _____ Approved M&C Number: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2020

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 Omega Insurance Services 648 N Interurban St. Richardson TX 75081		CONTACT NAME: Itzel Cordoba PHONE (A/C, No, Ext): 469-567-3001 E-MAIL ADDRESS: admin@omega-tx.com		FAX (A/C, No): 214-919-4021	
INSURED HD Waste & Recycling LLC 10631 CF Hawn Fwy Dallas TX 75217		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Hallmark Specialty Insurance Company		26808	
		INSURER B: Hallmark County Mutual Insurance Company		29408	
		INSURER C: Texas Mutual Insurance Company		22945	
		INSURER D: Certain Underwriters @ Lloyds		085202	
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			G42415297-1	5/21/2019	5/21/2020	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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ Included
OTHER:								\$
B	AUTOMOBILE LIABILITY			A42501723-5	3/7/2019	3/7/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" 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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0002044551	2/22/2020	2/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<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
B	Physical Damage			A42501723-5	3/7/2019	3/7/2020	Deductibles - Comp: \$1,000, Coll: \$1,000	
D	Physical Damage - 2019 Mack #4614			WL300AP18022	3/7/2019	3/7/2020	Limit: \$Deductibles: \$2,500 comp/coll	

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

Vehicles: [See Attached]; Drivers: [See Attached];

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	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>Minerva E Pena</i>

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY OMEGA INSURANCE AGENCY		NAMED INSURED HD Waste & Recycling LLC	
POLICY NUMBER A42501723-5		10631 CF Hawn Fwy	
CARRIER Hallmark County Mutual Insurance Company	NAIC CODE 29408	Dallas, TX, 75217	
		EFFECTIVE DATE:	3/7/2019

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

- 2016, MACK, GU, VIN: 1M2AV04C3GM013723, Coverage Limit: \$150,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2003, MACK, CX, VIN: 1M1AE02Y23W001189, Coverage Limit: \$20,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2019, RAM, 5500, VIN: 3C7WRMDL1KG717486, Coverage Limit: \$86,500, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2002, MACK, CX, VIN: 1M1AE07Y32W012273, Coverage Limit: \$20,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2016, MACK, GU, VIN: 1M2AX13C6GM033885, Coverage Limit: \$130,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2019, MACK, Granite, VIN: 1M2GR2GCXKM004614, Coverage Limit: \$208,000, Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500
- 1998, MACK, MR, VIN: 1M2K195C6WM011224, Coverage Limit: \$20,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2008, MACK, GU, VIN: 1M2AX04C18M003316, Coverage Limit: \$35,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2017, MACK, GU, VIN: 1M2AX13C4HM038116, Coverage Limit: \$194,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 1994, Tube, FB Trailer, VIN: 1G9PT3325RA116019
- 2004, FORD, F-650, VIN: 3FRNF65K74V604243, Coverage Limit: \$20,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2018, MACK, GU, VIN: 1M2AX13C1JM040766, Coverage Limit: \$166,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
- 2016, MACK, GU, VIN: 1M2AX13C3GM033553, Coverage Limit: \$145,000, Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000

Drivers:

- Name: Ricardo Malagon
- Name: Carlos E Acosta
- Name: Rodolfo Martinez-Aguilar
- Name: Nathaniel Atondo
- Name: Marcos Ledezma
- Name: Hugo Martinez
- Name: Javier Puga
- Name: Jacobo Campos
- Name: Timothy Booher III
- Name: Carlos Acosta
- Name: Juan Mendoza-Rodriguez
- Name: Miguel Martinez