



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 Bubba Tugs Corporation	Physical Address 4340 N Central Expy, Ste 100, Dallas, TX 75206
Contact Name David Cathcart	Contact 214-935-8860
Mailing Address 4340 N Central Expy, Ste 100, Dallas, TX 75206	Telephone Number <u>214-935-8860</u>
	Fax Number <u>469-930-9677</u>

1. Briefly describe the nature and character of the service the applicant proposes to render.
collection for disposal all C&D waste, including recyclable materials,

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.	7
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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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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5. Signature of person authorized by the Company to sign this Application			
Signature			
Title	<u>CFO</u>	Date	<u>11/17/2020</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)
11/17/2020

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 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 Higginbotham Insurance Agency, Inc. 500 W. 13TH Fort Worth TX 76102	CONTACT NAME: David Jensen PHONE (A/C, No., Ext): 817-349-2417 E-MAIL ADDRESS: djensen@higginbotham.net		FAX (A/C, No): 817-347-6981
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Bubba Tugs Corp. 4340 N. Central Expressway Dallas TX 75206	BUBBA3	INSURER A: James River Insurance Company	12203
		INSURER B: Commerce and Industry Insurance Company	19410
		INSURER C: Texas Mutual Insurance Company	22945
		INSURER D: Hallmark Insurance Company	34037
		INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 480320015 **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			000789202	8/23/2020	8/23/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							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
								\$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY HIRED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BUB142	8/23/2020	8/23/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BE034236666	8/23/2020	8/23/2021	EACH OCCURRENCE	\$ \$1,000,000
							AGGREGATE	\$ \$1,000,000
								\$
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 <input type="checkbox"/>	N/A	0001264403	2/5/2020	2/5/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The General Liability (Includes Completed Ops) and Automobile Liability policies includes a blanket automatic additional insured endorsement that provides additional insured status and a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy has a blanket Primary & Non Contributory endorsement that affords that coverage to certificate holders only where there is a written contract between the Named insured and the certificate holder that requires such status.

The Automobile Liability policy includes a blanket notice of cancellation to certificate holders endorsement, providing for 30 days' advance notice if the policy is See Attached...

CERTIFICATE HOLDER City of Fort Worth Solid Waste Management Division 4100 Columbus Trail Fort Worth TX 76133	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Bubba Tugs Corp. 4340 N. Central Expressway Dallas TX 75206	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

canceled by the company other than for nonpayment of premium, 10 days' notice after the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation if the named insured requests cancellation.

Excess Liability is Follow Form.

The Workers' Compensation policy includes a blanket automatic waiver of subrogation provision that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

Company Name: **BUBBA TUGS CORPORATION**

NO	YEAR	MAKE	MODEL TYPE	VEHICLE ID# (VIN)	LICENSE PLATE#
1	2007	MACK	700	1 M2AG11C27M047236	KRM5411
2	2007	MACK	TR	1 M2AG11C27M056955	NFL6915
3	2005	MACK	700	1M2AG11C05M030111	LSK3857
4	2007	MACK	CT7	1M2AL02C37M007512	MYV6955
5	2006	MACK	DM600	1M2B209C66M030813	BY53923
6	2004	KW	TSO	1NKDLB9X34J059028	MYV7605
7	1998	MACK	DM600	1M2B209CXWM023069	FXS6181

Bubba Tugs Corporation
4340 N Central Expy # 100
Dallas, TX 75206
214-935-8860

Chase Bank
Dallas, TX 75201
www.chase.com


2291
32-61/1110

DATE 11-17-20

PAY TO THE ORDER OF City of Ft. Worth Solid Waste Division

\$ 25⁰⁰/₁₀₀

Twenty five & 00/100

DOLLARS  Security Features Details on Back.

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

<u>Bridge Agreement Application fee</u>			



⑈00229⑈ ⑆111000614⑆ 156526280⑈

*Will go out in mail tomorrow.
Julie Fisher*