



**Public Works Department
Commercial Services Franchise Application**

Applicant Information:

Name Waste Pro

Address 13331 Southern Precast Dr

City/State/Zip Code Alachua, FL 32615

Phone Number 386-462-2500

Service Type Requested:

- ☐ To provide containers only;
- ☒ To provide commercial solid waste collection and disposal services as defined by County ordinance.

Formatted: No bullets or numbering

To the applicant: The following information is provided to assist you in preparing your application for a non-exclusive franchise to provide containers for commercial solid waste services and/or to provide commercial solid waste collection and disposal services to properties located in Unincorporated Alachua County. Please provide the required information as an attachment to the franchise application requirement checklist.

**Franchise Application Requirements
And Requirement Checklist**

- ☐ 1. If the applicant is a publicly owned corporation with less than 25 shareholders or a privately owned partnership or corporation, provide the name(s) and business address(es) of principal officers and stockholders and other persons having financial or controlling interest in the partnership or corporation;
- ☐ 2. If the applicant is a publicly owned corporation with more than 25 shareholders, provide the name(s) and business address(es) of local managing officers of the publicly owned corporation;
- ☐ 3. Criminal convictions, withheld adjudication and/or plea of nolo contendere for any felonies of the applicant, if the applicant is an individual, or of any individual having controlling interest a firm, corporation, partnership, association or organization making application;
- ☐ 4. A statement of whether such applicant operates(ed) a solid waste collection business in this or any other state or territory under a franchise, permit or license; and if so, where and whether such franchise, permit or license has ever been revoked or suspended, and the reasons therefore;
- ☐ 5. Proof that corporation is in good standing in the state of incorporation, and if not a Florida Corporation, proof that applicant is qualified to do business in the State of Florida;
- ☐ 6. If applicant is other than a corporation and is operating under a fictitious name, applicant shall be required to submit information that such fictitious name is registered and held by applicant;



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- ☐ 7. List of type, number and complete description of all equipment to be used by applicant for providing safe and efficient services.
- ☐ 8. Applicant shall maintain in full force and effect the following insurance coverages, and file with the County Manager a certificate of insurance for all policies written in applicant's name, to remain on file with the County for the franchise term to include:
 - ☐ Comprehensive general liability policy. A copy of the policy must be furnished to the County Manager;
 - ☐ Policy must be in applicant's name, a per occurrence form policy, and coverage must be for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.
 - ☐ Automobile liability insurance, including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident; and
 - ☐ Workers compensation as required by Florida Statute.
- ☐ 9. Applicant shall pay the County a nonrefundable application fee as specified in Application Fee Schedule.
- ☐ 10. Applicant shall post and maintain a security deposit with the County in the amount of \$2,500 in cash or the estimated amount of franchise fees for a three month period, whichever sum is greater, to guarantee performance under this franchise.

Definitions:

1. **Applicant:** a person applying to Alachua County for a franchise to provide commercial service within Unincorporated Alachua County for hire, remuneration or other consideration.
2. **Franchisee:** person to whom the County has issued a non exclusive franchise to provide containers for commercial solid waste services and/or to provide commercial solid waste collection and disposal services to properties in Unincorporated Alachua County.
3. **Registrant:** shall be a person who has applied with the County to collect, transport, convey or process recovered materials in unincorporated Alachua County and has subsequently received a registration certificate from the County. (Note: a franchisee may be a registrant).



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Applicant agrees to comply with all applicable provisions of the Alachua County, Florida Code of Ordinances and permit applications as may be amended.

Nathan Frischkorn
 Applicant name (Print or Type)

Nathan Frischkorn
 Applicant signature

9/4/21
 Application submission date

Jeff Klugh 9/21/21
 Application received by date

Jeff Klugh 02110885 8/13/21
 Application fee received by check number check date

[Signature] 9/21/21
 Approved County Manager/designee signature date

IF INCORPORATED PLEASE PROVIDE CORPORATE RESOLUTION STATING THAT THE INDIVIDUAL EXECUTING THIS APPLICATION IS AUTHORIZED TO EXECUTE IT ON BEHALF OF THE CORPORATION.



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Affidavit

The below named person, as applicant, or legal representative for applicant, does hereby certify that all required information has been attached to this application and become a part thereof.

Applicant, or applicant's legal representative, agrees that applicant will comply with all provisions of the Alachua County Code of Ordinances, the laws, rules, ordinances and regulations of Alachua County, the State of Florida and of the United States.

Nathan Frischkorn
 Applicant's (or Applicant's legal representative) Name Printed
Division Manager
 Title of Applicant (or Applicant's legal representative)
[Signature]
 Signature of Applicant (or applicant's legal representative)

STATE OF FLORIDA
 COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 17th day of September, in the year 2021, by Nathan Frischkorn, as Division Manager of WasteProot Florida, Inc, a Florida corporation, on behalf of the corporation. They/he/she are/is personally known to me or has produced _____ as identification.

Notary Public, State of Florida

Print Name: Dayna Lynn Miller

My Commission Expires: 4/18/2025



Dayna Lynn Miller
 Notary Public
 State of Florida
 Comm# HH118511
 Expires 4/18/2025



September 22, 2021

RE: Waste Pro of Florida, Inc.

To Whom it May Concern:

This letter is to certify that Waste Pro of Florida, Inc., has not had a Franchise Agreement in Florida revoked and/or suspended.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in blue ink that reads "Sean M. Jennings". The signature is written in a cursive, flowing style.

Sean M. Jennings
CEO & President

CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0292597 in the sum of Nineteen Thousand Eight Hundred Ninety Six Dollars and 00/100 (\$19,896.00) Dollars, on behalf of Waste Pro of Florida, Inc. in favor of Alachua County, FL subject to all the conditions and terms thereof through September 30, 2022 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 10 day of July, 2021.

RLI Insurance Company
Surety



By: 
Joshua Sanford Attorney-in-Fact

POWER OF ATTORNEY**RLI Insurance Company
Contractors Bonding and Insurance Company**9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402**Know All Men by These Presents:**

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

Donna M Planeta, Joshua Sanford, Aimee R Perondine, Michelle Anne McMahon, Samuel Begun, Bethany Stevenson, Rebecca M. Stevenson, Bryan M. Caneschi, Alexis Apostolidis, Brendan Fletcher, Cassandra Baez, Jacqueline Rose Susco, Kathryn Pryor, Nicholas Turecamo, jointly or severally

in the City of Hartford, State of Connecticut its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

RLI Insurance Company and/or **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 8th day of March, 2021.



**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Barton W. Davis
Barton W. Davis Vice President

State of Illinois }
County of Peoria } SS

On this 8th day of March, 2021, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Catherine D. Glover
Catherine D. Glover Notary Public

**CERTIFICATE**

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 10th day of July, 2021.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Jeffrey D. Fick
Jeffrey D. Fick Corporate Secretary

Waste Pro of Florida Inc
(Insert Name of Corporation)
**CORPORATE RESOLUTION GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of Waste Pro of Florida Inc, a
(Insert name of company)
Florida corporation (the "Corporation"), at a duly and properly
(Insert state of Incorporation)
held meeting on the 15th day of September, 2021, did hereby consent to, adopt,
ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good
standing under the laws of the State of Florida and is authorized to do
business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute
and enter into contracts and conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of
the Corporation listed below are hereby authorized and empowered, acting alone, to sign,
execute and deliver any and all contracts and documents on behalf of the Corporation, and to
do and take such other actions, including but not limited to the approval and execution of
contracts, purchase orders, amendments, change orders, invoices, and applications for
payment, as in his or her judgment may be necessary, appropriate or desirable, in connection
with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter

county and political subdivision of the State of Florida:

NAME

Nathan Frischkorn

Brian Wintjen

Sharon Johnson

TITLE

Division Manager

Regional VP

Regional Controller

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Purchasing Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Purchasing Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 15th day of September, 2021, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal)



Secretary of the Corporation

By: Sean M Jennings

Sean M Jennings
(Print Secretary's Name)

Willis Towers Watson

Telephone: 404-302-3838
Website: www.willistowerswatson.com
E-mail: lisa.pless@willistowerswatson.com

July 12, 2021

Waste Pro of Florida, Inc.
13331 Southern Precast Drive
Alachua, FL 32615-8548

RE: **Bond Number: CMS0292597**
Obligee: Alachua County, FL
Description: Franchise Fee Agreement - Alachua County Florida

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

Lisa A. Pless



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2021

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 Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 CN105058554--GAWU-20-21	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : XL Insurance America, Inc.</td> <td>24554</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER E : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Greenwich Insurance Company	22322	INSURER B : XL Insurance America, Inc.	24554	INSURER C : N/A	N/A	INSURER D : XL Specialty Insurance Company	37885	INSURER E : N/A	N/A	INSURER F :	
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

ATL-004853855-17

REVISION NUMBER: 14

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GEC300138203	11/22/2020	11/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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
A	AUTOMOBILE LIABILITY <input checked="" 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			RAE943788403 SIR: \$1,000,000	11/22/2020	11/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 4,000,000 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 \$ \$
B	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	RWD300138003 (AOS)	11/22/2020	11/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Workers Compensation			RWE943549703 (FL, GA)	11/22/2020	11/22/2021	Employers Liability: \$ 1,000,000 SIR: \$ 500,000

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

Alachua County Board of County Commissioners, its officials, employees and volunteers is/are included as additional insured where required by written contract with respect to general liability and auto liability.

CERTIFICATE HOLDER

CANCELLATION

Alachua County Board of County Commissioners Attn: Risk Management 12 SE 1st Street, 3rd Floor Gainesville, FL 32601	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 <div style="text-align: right;"><i>Marsh USA Inc.</i></div>
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Alachua Waste Pro Truck List

26 pickup
65 c&D
70 service truck
131 rolloff
152 rolloff
129 rolloff
146 rolloff
1518 recycle
1534 asl
1535 recycle
1536 asl
1537 asl
900 frontload
924 frontload
11021 frontload
10963 frontload
926 frontload
1595 rearload
530 rearload
144508 asl

Additional Named Insureds for Waste Pro USA, Inc. include the following:

Waste Pro of AL Inc.

Waste Pro of FL Inc.

Waste Pro of GA Inc.

Waste Pro of LA Inc.

Waste Pro of MS Inc.

Waste Pro of TN Inc.

Waste Pro of NC Inc.

Waste Pro of SC Inc.

Applewhite Recycling LLC

American Recycling of GA LLC

American Recycling of Alabama LLC

Della Sanitation LLC, Talley Disposal LLC

State of Florida

Department of State

I certify from the records of this office that WASTE PRO OF FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on January 5, 2001.

The document number of this corporation is P01000003611.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 4, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of September,
2021*



Randy Be
Secretary of State

Tracking Number: 3173674983CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003611

Entity Name: WASTE PRO OF FLORIDA, INC.

Current Principal Place of Business:2101 W SR 434
3RD FLOOR
LONGWOOD, FL 32779**Current Mailing Address:**2101 W SR 434
3RD FLOOR
LONGWOOD, FL 32779 US

FEI Number: 59-3701785

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:VELEZ, MALENIE
2101 W SR 434
3RD FLOOR
LONGWOOD, FL 32779 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: MALENIE VELEZ

01/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title CHAIRMAN
Name JENNINGS, JOHN J
Address 2101 W SR 434
3RD FLOOR
City-State-Zip: LONGWOOD FL 32779Title CFO, EVP
Name SABINA, CORT
Address 2101 W SR 434
3RD FLOOR
City-State-Zip: LONGWOOD FL 32779Title CEO, PRESIDENT, SECRETARY
Name JENNINGS, SEAN MICHAEL
Address 2101 W SR 434
3RD FLOOR
City-State-Zip: LONGWOOD FL 32779Title COO, SVP
Name BANASIAK, KEITH
Address 2101 W SR 434
3RD FLOOR
City-State-Zip: LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J JENNINGS

CHAIRMAN

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date