



17-01-05 P01:51 IN

**AUSTIN CODE
DEPARTMENT****ORIGINAL****PRIVATE HAULER APPLICATION**

DESCRIPTION: All private haulers that collect, remove, or transport waste, recycling, and/or organic/compost within the City of Austin must obtain a Private Hauler License. This Article of the City Code may be viewed in whole at the City Clerk's Office or at: City of Austin Code 15-6, Article 3.

INSTRUCTIONS:

1. Complete this application. This application must be signed by a legally authorized representative. All attachments must be clearly labeled.
2. Submit application by mail: City of Austin Code Department, Attn: Finance-Private Hauler, PO Box 1088, Austin, TX 78767. Or in person: 1520 Rutherford Lane, Building One.
3. Payment must be cash, check or money order payable to: City of Austin Code Department. For questions, e-mail: ccdhaulerlicense@austintexas.gov

Upon completed application and submission of all required certifications and fees, you will receive two decals for each vehicle indicated. The placement of the decals shall be on the driver's door and the passenger door.

CHECKLIST:

- ☒ **Complete Private Hauler Application**
- ☐ **Insurance Certification** (City of Austin Code, 15-6, Section 53) - Attach a copy of your general and commercial auto liability insurance policy. Must show minimum limits of \$250,000 per individual and \$500,000 per occurrence for bodily injury and \$100,000 for property damage or \$1,000,000 on a combined single limit basis.
- ☐ **Annual State of Texas Vehicle Inspection Certification for each Licensed Vehicle** - If certification is unavailable, three pictures must be taken of each vehicle: side view of full vehicle, front view with license plate visible, and close up of inspection sticker.
- ☐ **Vehicle License Fee** (City of Austin Code, 15-6, Section 56) - \$316 per solid waste vehicle annually.
- ☐ **Tonnage Report** - Prior reporting period.
- ☐ **All Containers must have an Austin Resource Recovery Landfill, Recycling, or Organics Sticker**

PRIVATE HAULER INFORMATION:

Name of Applicant: Adam Winfield

Name of Business: Great Lakes Recycling DBA Simple Recycling

Local Address: 5425 Naiman PKwy

City: Solon State: Oh Zip: 44139

Phone: 440-519-9200 Fax: _____

Business Email: Info@SimpleRecycling.com

Mailing Address: _____

(if different than above)

Primary Contact and Title: Adam Winfield Owner

Contact Email: Adam@SimpleRecycling.com

Website: SimpleRecycling.com

PRIVATE HAULER APPLICATION

PRIVATE COLLECTION SERVICES:

- What type of collection services do you provide? ☐ solid waste/landfill ☒ recycling ☐ compost/organic
- Where are the materials hauled to (landfill, recycling center, compost facility)? recycling center

VEHICLES:

\$316 per solid waste/landfill vehicle | no fee for recycling/compost vehicle

Total of solid waste/landfill vehicles: 0 X \$316 = \$0
 Total of recycling/compost vehicles: 6 No Fee
 Total of combination vehicles: 0 X \$316 = \$0
TOTAL: \$

Solid waste/landfill/combination vehicles (list additional vehicles on separate page):

License Plate #	Make	Model	Year	Gross Vehicle Weight	VIN #

Recycling/compost vehicles (list additional vehicles on separate page):

License Plate #	Make	Model	Year	Gross Vehicle Weight	VIN #
	Ford	Transit	2015	9,000 lbs	
	Ford	Transit	2015	9,000 lbs	
	Ford	Transit	2017	10,360 lbs	
	Ford	Transit	2017	10,360 lbs	
	Ford	Transit	2017	10,360 lbs	
	Chevy	3500	2015	12,300 lbs	

LICENSE EXEMPTION:

In accordance with City of Austin Code 15-6, Article 3, this section must be completed to request exemption from the licensing requirements for Private Collection Services.

Reason(s) for exemption from fees (check all that apply):

- ☒ Does not collect landfill trash materials within the Austin city limits.
- ☐ No longer provides landfill trash collection services.
- ☐ Only collects organic materials to be composted.
- ☒ Only collects recyclable materials.
- ☐ Other (must specify):

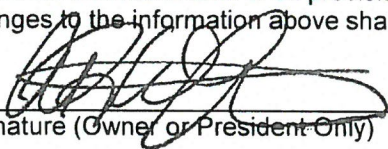
INSURANCE:

Name of commercial general liability and automobile insurance company: The Travelers Indemnity Company

Certificate of insurance attached: ☒ yes ☐ no If no, date insurance will be sent: _____

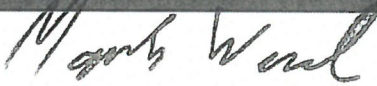
SIGNATURES:

By signing this document, I do hereby certify that all statements and representations contained in this application are true, correct and complete. I understand the obligations as a holder of a Private Hauler License and am willing to comply with the terms and conditions of all provisions in the applicable City of Austin ordinances and administrative rules. Any changes to the information above shall be my responsibility to update and submit to the City of Austin.

 Signature (Owner or President Only)	<u>ADAM WINFIELD</u> Printed Name	<u>12/30/16</u> Date
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Signature of Applicant (if different than above)	Printed Name	Date
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*this application shall not be complete until the Code Director or City designee, signs below for acceptance of the certificate of insurance required by City of Austin Code 15-6, Section 53

For City of Austin Use Only (acceptance of the said contained Private Waste Hauler applicant's Certificate of Insurance)		
	<u>Mark Wenzel</u>	<u>1/5/17</u>
Code Director or Designee	Printed Name	Date Received

OHIO
THE STATE OF TEXAS §
CUYAHOGA §
COUNTY OF TRAVIS §

BEFORE ME, the undersigned authority, on this day personally appeared ADAM WINFIELD, known to me the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

SWORN TO AND SUBSCRIBED before me on this 30TH day of DECEMBER, 2016

[PERSONALIZED SEAL]

Helen A Terpylak
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS OHIO
Helen A Terpylak
PRINTED NAME OF NOTARY

MY COMMISSION EXPIRES: _____

HELEN A. TERPYLAK, Notary Public
State of Ohio, Lorain County
My Commission Expires Aug. 24, 2019

TONNAGE REPORT:

Six-month reporting period (check one and complete the year):

January to June, 20__

☒ July to December, 2016

Enter tons of each type of material hauled to each type of facility. Enter zero (0) to indicate your company didn't haul a particular type of material to a facility type. Each box should have an entry.

Destination Facility	Tons of Material (Excluding C&D)		Tons of C&D Debris		TOTAL
Disposal Facility/Landfill	0	+	0	=	0
Recycling Facility/Operation	61	+	0	=	61
Organic Processor	0	+	0	=	0

Definitions:

- Disposal facility – a landfill or facility that processes material into a fuel; includes anaerobic digester
- Recycling facility – a facility that processes recovered materials into raw materials for the production of new products
- Organic processor – a facility that processes organic material (landscaping, yard trimmings, brush, grass, tree stumps, untreated wood, food, etc.) into animal feed, mulch, compost, or similar product
- Construction or Demolition Material – by-products of construction or demolition projects, such as building components, concrete, corrugated cartons, gypsum wallboard, metal, paper, paving, plastics, and wood; but not including excavated soil, stone, land clearing debris, asbestos-containing materials, lead-containing materials, and similar items

For City of Austin Use Only

Austin Resource Recovery Staff

Date Entered

Comments:

PRIVATE HAULER VEHICLE LICENSE FEE REMITTANCE FORM:

Name of Applicant: Adam Winfield
Name of Business: Great Lakes Recycling DBA Simple Recycling
Local Address: 5425 Naiman Pkwy
City: Solon State: Oh Zip: 44139

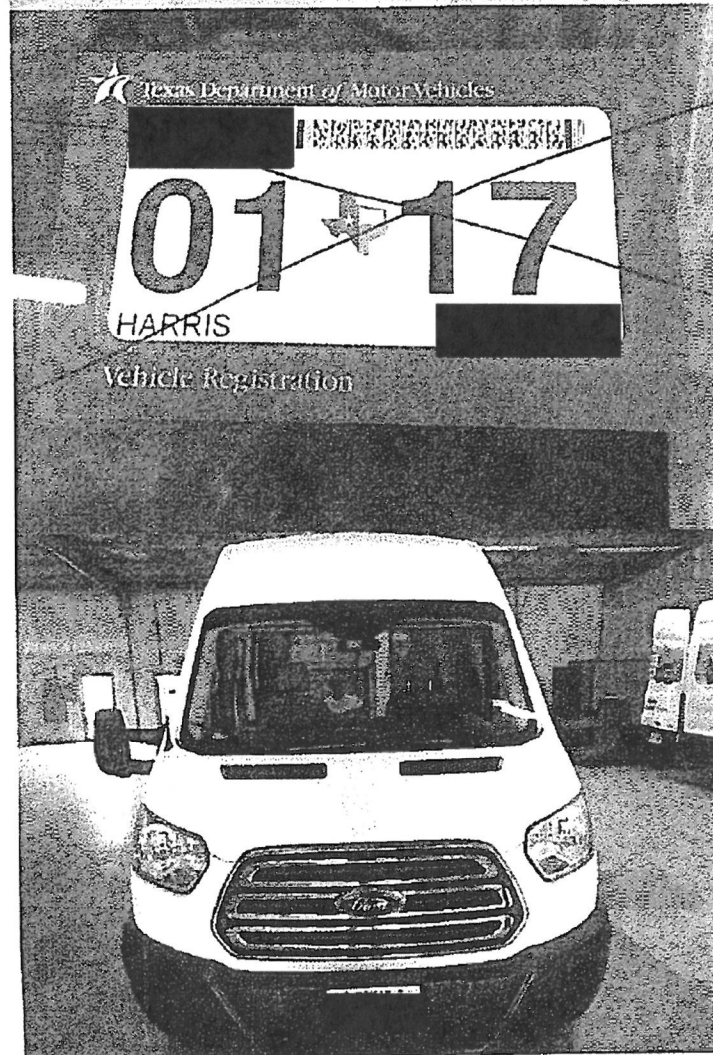
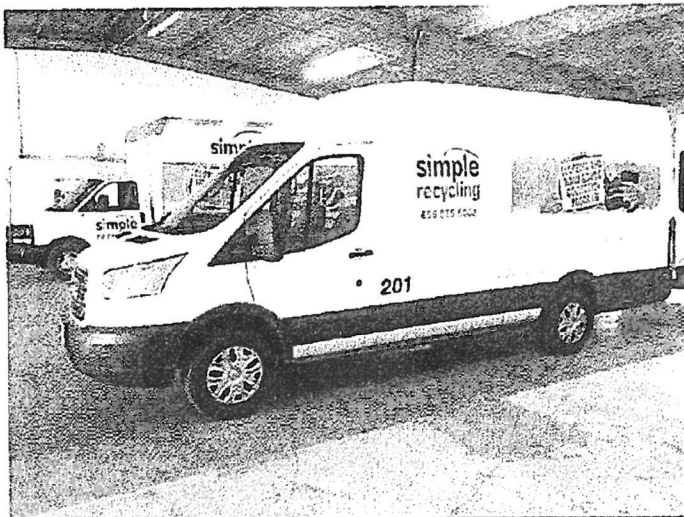
VEHICLES:

\$316 per solid waste/landfill vehicle | no fee for recycling/compost vehicle

Total of solid waste/landfill vehicles:	<u>0</u>	X \$316 =	\$ <u>0</u>
Total of recycling/compost vehicles:	<u>6</u>	No Fee	
Total of combination vehicles:	<u>0</u>	X \$316 =	\$ <u>0</u>
TOTAL:			\$ <u>0</u>

I certify that the above information is true and correct.


Signature of ApplicantADAM WINFIELD
Printed Name12/30/16
DateOWNER
Title440 519 9200
Phone Number





Texas Department of Motor Vehicles

TITLE APPLICATION RECEIPT

COUNTY: TARRANT
 PLATE NO: [REDACTED]
 DOCUMENT NO: 22050142681090929

TAC NAME: RON WRIGHT
 DATE: 11/09/2016
 TIME: 09:09AM
 EMPLOYEE ID: 6882RH6

EFFECTIVE DATE: 11/09/2016
 EXPIRATION DATE: 10/2017
 TRANSACTION ID: 22050142681090929

OWNER NAME AND ADDRESS
 SST LEASING
 6116 MILWEE
 HOUSTON, TX 77092

REGISTRATION CLASS: TRUCK-LESS/EOL. 1 TON
 PLATE TYPE: PASSENGER-TRUCK PLT
 ORGANIZATION:
 STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: [REDACTED] VEHICLE CLASSIFICATION: PASS-TRK
 YR/MAKE: 2017/FORD MODEL: [REDACTED] BODY STYLE: [REDACTED] TRAILER TYPE:
 EMPTY WT: 4200 CARRYING CAPACITY: 1500 GROSS WT: 5400 TRAVEL TRLR LNG/WDTH: 0
 BODY VEHICLE IDENTIFICATION NO:
 PREV OWNER NAME: LYNK FORD AND RV RICE PREV CITY/STATE: RICE LAKE, WI

INVENTORY ITEM(S) YR
 PASSENGER-TRUCK PLT
 WINDSHIELD STICKER 2017

VEHICLE RECORD NOTATIONS
 ACTUAL MILEAGE
 PAPER TITLE
 MAJOR COLOR: WHITE

FEES ASSESSED		
TITLE APPLICATION FEE	\$	13.00
TEXAS MOBILITY FUND FEE	\$	20.00
SALES TAX FEE	\$	2,012.09
WINDSHIELD STICKER	\$	54.00
REG FEE-DPS	\$	1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$	10.00
AUTOMATION FEE	\$	1.00
INSPECTION FEE-1YR	\$	7.50
TOTAL	\$	2,118.59

ODOMETER READING: 18 BRAND: A
 OWNERSHIP EVIDENCE: MANUFACTURER'S CERT. OF ORIGIN
 1ST LIEN

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date: 11/03/2016
 Sales Price \$ 10,182.50
 Less Trade In Allowance \$ 3,150.00
 Taxable Amount \$ 7,032.50
 Sales Tax Paid \$ 2,012.09
 Less Other State Tax Paid \$ 0.00
 Tax Penalty \$ 0.00
TOTAL TAX PAID \$ 2,012.09
 Batch No: 5014268101 Batch Count: 10

2ND LIEN

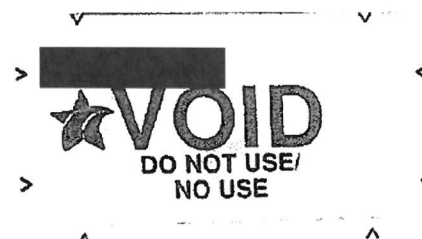
3RD LIEN

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

Peel sticker from any corner.
 Despegue la calcomanía de cualquier esquina.



OR





Texas Department of Motor Vehicles

TITLE APPLICATION RECEIPT

COUNTY: TARRANT TAC NAME: RON WRIGHT EFFECTIVE DATE: 11/09/2016
 PLATE NO: DATE: 11/09/2016 EXPIRATION DATE: 10/2017
 DOCUMENT NO: 22050142681085750 TIME: 08:57AM EMPLOYEE ID: 6882RH6 TRANSACTION ID: 22050142681085750

OWNER NAME AND ADDRESS
 SST LEASING
 6116 MILWEE
 HOUSTON, TX 77092

REGISTRATION CLASS: TRUCK-LESS/EQL. 1 TON
 PLATE TYPE: PASSENGER-TRUCK PLT
 ORGANIZATION:
 STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: VEHICLE CLASSIFICATION: PASS-TPV
 MAKE: BODY STYLE: TRAILER TYPE:
 EMPTY WT: CARRYING CAPACITY: GROSS WT: TRAILER TYPE:
 BODY VEHICLE IDENTIFICATION NO: TRAILER TYPE: 0
 PREV OWNER NAME: LINK FORD AND RV RICE PREV CITY/STATE: RICK LAKE, WI

INVENTORY ITEM(S) YR
 PASSENGER-TRUCK PLT 2017
 WINDSHIELD STICKER

VEHICLE RECORD NOTATIONS
 ACTUAL MILEAGE
 PAPER TITLE
 MAJOR COLOR: WHITE

FEE ASSESSED	
TITLE APPLICATION FEE	\$ 13.00
TEXAS MOBILITY FUND FEE	\$ 20.00
SALES TAX FEE	\$ 2,012.09
WINDSHIELD STICKER	\$ 54.00
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
AUTOMATION FEE	\$ 7.50
INSPECTION FEE-1YR	\$ 2,118.59
TOTAL	\$

ODOMETER READING: 18 BRAND: A
 OWNERSHIP EVIDENCE: MANUFACTURER'S CERT. OF ORIGIN
 1ST LIEN

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date: 11/03/2016
 Sales Price 32,183.50
 Less Trade In Allowance
 Taxable Amount 5,183.50
 Sales Tax Paid 2,012.09
 Less Other State Tax Paid 0.00
 Tax Penalty
 TOTAL TAX PAID 2,012.09
 Batch No: 5014268101 Batch Count: 9

2ND LIEN

3RD LIEN

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

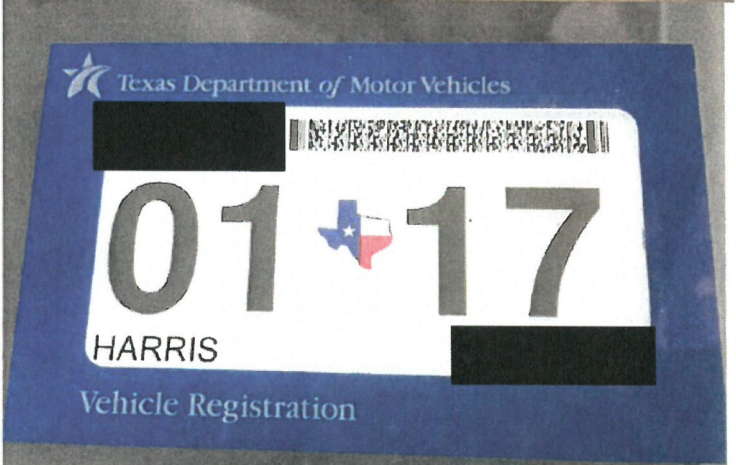
PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

Peel sticker from any corner.
 Despegue la calcomanía de cualquier esquina.



OR







302

TITLE APPLICATION RECEIPT

COUNTY: HARRIS TAC NAME: MIKE SULLIVAN
 PLATE NO: [REDACTED] DATE: 12/12/2016 EFFECTIVE DATE: 12/12/2016
 DOCUMENT NO: 10168742714100720 TIME: 10:07AM EXPIRATION DATE: 11/2018
 EMPLOYEE ID: BPAGEWA TRANSACTION ID: 10168742714100720

OWNER NAME AND ADDRESS
 SST LEASING
 6116 MILWEE
 HOUSTON, TX 77092

REGISTRATION CLASS: TRUCK-LESS/EQL. 1 TON
 PLATE TYPE: PASSENGER-TRUCK PLT
 ORGANIZATION:
 STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: [REDACTED] VEHICLE CLASSIFICATION: TRK<=1
 YR/MAKE: 2017/FORD MODEL: BODY STYLE: VN UNIT NO:
 EMPTY WT: 4900 CARRYING CAPACITY: 1500 GROSS WT: 6400 TRAILER TYPE:
 BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LNG/WDTH: 0
 PREV OWNER NAME: LINK FORD AND RV PREV CITY/STATE: RICE LAKE, WI

INVENTORY ITEM(S) YR
 PASSENGER-TRUCK PLT 2018
 WINDSHIELD STICKER

VEHICLE RECORD NOTATIONS
 ACTUAL MILEAGE
 PAPER TITLE

FEES ASSESSED	
TITLE APPLICATION FEE	\$ 13.00
TEXAS MOBILITY FUND FEE	\$ 20.00
SALES TAX FEE	\$ 1,812.13
BUYERS TAG	\$ 5.00
WINDSHIELD STICKER	\$ 108.00
REG FEE-DPS	\$ 2.00
CNRY ROAD BRIDGE ADD-ON FEE	\$ 20.00
CHILD SAFETY FUND	\$ 3.00
AUTOMATION FEE	\$ 2.00
INSPECTION FEE-2YR	\$ 16.75
TOTAL	\$ 2,001.86

ODOMETER READING: 18 BRAND: A METHOD OF PAYMENT AND PAYMENT AMOUNT:
 OWNERSHIP EVIDENCE: MANUFACTURER'S CERT. OF ORIGIN CHECK #313347 \$ 2,001.87
 1ST LIEN CASH \$ 0.01
TOTAL AMOUNT PAID \$ 2,001.86

2ND LIEN

SALES TAX CATEGORY: SALES/USE

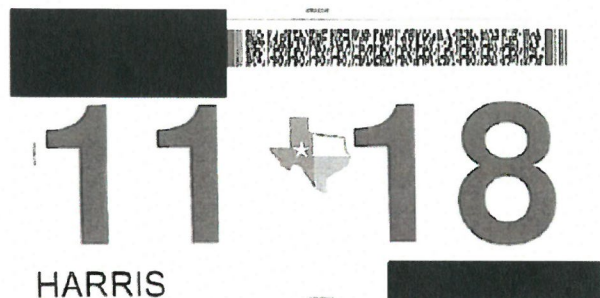
3RD LIEN

Date of Assignment/Sales Tax Date: 12/07/2016
 Sales Price \$ 28,994.00
 Less Trade In Allowance \$ 0.00
 Taxable Amount \$ 28,994.00
 Sales Tax Paid \$ 1,812.13
 Less Other State Tax Paid \$ 0.00
 Tax Penalty \$ 0.00
TOTAL TAX PAID \$ 1,812.13
 Batch No: 6874271401 Batch Count: 14

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS



WINDSHIELD STICKER /
 CALCOMANÍA DE PARABRISAS

OR

Peel sticker from any corner.
 Despegue la calcomanía de cualquier esquina.



PLATE STICKER /
 CALCOMANÍA DE PLACA

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION**TEXAS VEHICLE INSPECTION REPORT**

Safety and Emissions Inspection

VEHICLES FAILING EMISSIONS TESTS MAY BE ELIGIBLE FOR UP TO \$600 IN REPAIR ASSISTANCE. FOR MORE INFORMATION, VISIT www.driveacleanmachine.org OR CALL 1-800-913-3321.

Vehicle Identification

Test Date/Time: 01/27/2017, 07:39
Test and Type: Initial - OBD
Insp. Type/Exp. Date: OBD
Version Test Number: 1601-21526
License Number: [REDACTED]
Vehicle ID Number: [REDACTED]
Vehicle Make: CHEV
Vehicle Model: CRU 3500 (CRU 3500)
Vehicle Year/Type: 2015 Truck/Van
Engine Size/Cyl/Type: 6000 8 D
Authorization Number: GNGGXE0ZWAF3V
Transmission GVW: Automatic 8600
Odometer/Fuel Type: 17489 Gasoline

Station Identification

Station Name: FIRSTSTONE COMPLETE AUTO C
Station #/Analyzer: 6P32686/ES520122
Station Address: 15101 H 35 N
Station City: PFLUGERVILLE
Station Zip Code: 78660-0000
Inspector First Name: CHRISTOPHER
Inspector Last Name: WILSON

Safety Inspection Fee: 7.00
Safety Repair Costs: 0.00
Emissions Test Fee: 11.50
Emissions Repair Costs: 0.00
Total Inspection Cost: 18.50

Emissions Test Results

Status of Bulb Check		Engine Monitor Test Results					
		Monitors	Status	Monitors	Status	Monitors	Status
MHI Cmd Status:	N/A	Missfire	N/A	Heated Cat	N/A	O2 Sensor	N/A
MHI:		Fuel Sys	N/A	Evap Sys	N/A	Heated O2	N/A
Engine On:	PASS	Comp Control	N/A	Secondary	N/A	GR VVT	N/A
Engine Off:	PASS	Catalyst	N/A	Air Cond	N/A	DLC	N/A

Fault Codes: N/A

Gas Cap Integrity: PASS

Overall Result: PASS

Safety Items: PASS

CONGRATULATIONS! Your vehicle has passed the emissions (M) test portion of your safety inspection! By maintaining your vehicle in good operating condition, you are doing your share for clean air. You are also saving money on gas and extending the life of your vehicle because your emission control equipment is working as it should.

I certify that I have properly performed the emissions test according to state regulations and procedure manuals, and as the undersigned, duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.

Certified Inspector's Signature





CERTIFICATE OF LIABILITY INSURANCE

OP ID: RN

DATE (MM/DD/YYYY)

09/28/2016

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 Fitzgibbons Arnold & Company P.O. Box 45520 Cleveland, OH 44145-0520 Richard E. Arnold		CONTACT NAME: Tammy Houser PHONE (A/C, No, Ext): 440-892-3636 FAX (A/C, No): 440-892-3630 E-MAIL ADDRESS: Thouser@fitzarn.com PRODUCER CUSTOMER ID #: VALUE-1	
INSURED Great Lakes Recycling, Inc. DBA Simple Recycling 5425 Naiman Parkway Solon, OH 44139		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty Ins Co of A INSURER B: TheTravelers Indemnity Company INSURER C: Navigators Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 25658	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY				03/31/2016	03/31/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMPROP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY				03/31/2016	03/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR				03/31/2016	03/31/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

INFOR-1

For Information Only

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

Matthew W. Arnold

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