

Solid Waste Application

APPLICATION FOR SOLID WASTE DISPOSAL LICENSE CITY OF WINDSOR HEIGHTS, IOWA

GREEN RM, LLC
FULL NAME OF BUSINESS

2255 LITTLE WALL LAKE RD SHARPSBURG, IA 52034
ADDRESS

TELEPHONE NUMBER 515-325-4133

Description of the nature and extent of the business: ORGANIC MATERIAL RECYCLING
(PRE/POST CONSUMER FOOD WASTE) AT COMMERCIAL LEVEL

Description of vehicles and equipment to be used: SEE ATTACHED SHEET

In addition to the above information, application shall be accompanied by the following:

1. Financial Statements. Financial statements for the applicant covering its last two (2) fiscal or calendar years which shall include balance sheets and operating statements.
2. Rate Schedules. Copies of current rates and fees charged by applicant for transportation of solid waste.
3. Rules and Regulations. Copies of current rules and regulations of applicant applicable to the transportation of solid waste.
4. Affirmation. The application shall be sworn to under oath.
5. Insurance. Applicants shall provide proof of liability insurance in the amounts of \$250,000 per person and \$1,000,000 per occurrence for bodily injury and \$500,000 per occurrence for property damages.

The foregoing requirements shall apply to all applications for new licenses and to all applications for renewal of licenses.

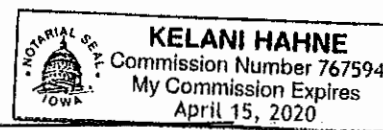
ANNUAL LICENSE FEE: \$25.00

LICENSE MUST BE RENEWED EACH YEAR FOR CONTINUED OPERATION

[Signature]
Applicants Authorized Signature

Notary Public:

Kelani Hahne



CITY OF WINDSOR HEIGHTS

GREEN-R-U APPLICATION FOR COLLECTION OF SOLID WASTE

Description of vehicles and equipment used: Collection equipment includes a 2011 Travis 37 ft Aluminum Tote Dumper or 2013 and 2016 WaBo 409 Trailers specifically designed for hauling organic wastes pulled by one of three 2014 Mack CXU 613 semi-tractors or a 2000 Volvo VNM64T.

In addition to the above information, application shall be accompanied by the following:

Financial Statements: It is the policy of the parent company not to disclose financial statements.

Rate schedules:

Contracts and rates are considered proprietary information between our individual commercial customers and GREEN RU.

GREEN-R-U does not provide for any other collection services other than organic waste collection for recycling.

Rules and regulations:

GREEN-R-U abides by all rules and regulations promulgated by the Federal Motor Carrier Safety Administration (FMCSA) and the Iowa Department of Transportation (IDOT) for transporting (hauling) materials. This documentation is available online (www.fmcsa.dot.gov/rules-regulations/ and www.iamvd.com/omcs/index.htm) and is not feasible to provide with this application due to the volume of each organizations rules & regulations.

Additional Information to assist in adjudicating this application:

Organic waste (pre/post consumer food waste and horticultural waste) contained in specially designated bins (provided by GREEN RU) and compostable bags will be collected from grocery stores, restaurants, hospitals, schools and other commercial venues 3-5 times per week based upon volume.

The collected organic waste material will be transported to Chamness Technology, Inc.'s Eddyville Compost Facility, 24820 160th Street, Eddyville, Iowa 52553 and composted under Chamness Technology, Inc.'s Iowa Department of Natural Resources Solid Waste Composting Permit # 90-SDP-10-97P-COM.

The routes will not be through residential streets/neighborhoods. The actual route(s) will be along approved business corridors/truck routes and will depend upon our individual commercial contracts with routes/schedules changing in support of existing and new client needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/1/2018

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 LMC Insurance & Risk Management, Inc. 4200 University Ave., Suite 200 West Des Moines IA 50266-5945		CONTACT NAME: Lori Godbey PHONE (A/C, No, Ext): 515-237-0114 E-MAIL ADDRESS: lori.godbey@lmcins.com FAX (A/C, No): 515-244-9535	
INSURED Chamness Technology Inc 2255 Little Wall Lake Road Blairsburg IA 50034		INSURER(S) AFFORDING COVERAGE	
CHAMTEC-01		INSURER A: Arch Specialty Insurance Company	
		INSURER B: National Fire & Marine Insurance Co	
		INSURER C: Endurance American Insurance Company	
		INSURER D: Technology Insurance Company, Inc.	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 230377554

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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			12 EMP 11805 00	1/1/2018	1/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			72APB002231	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			EXC30000554800	1/1/2018	1/1/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	TARIA1008954-00	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Windsor Heights 1133 66th Street Windsor Heights IA 50324	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

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