FORT WORTH

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 CHAMPION WASTE SERVICES, LLC	Physical 2500 VINSON ST. DALLAS, TX
Contact Name JODY McCORD	Contact 214-637-6500 EXT. 101
Mailing Address PO BOX 701689 DALLAS, TX 75370	Telephone Number 214-637-6500 Fax Number 214-638-2945

1. Please describe the nature and character of the service the applicant proposes to render.
   COMMERCIAL WASTE AND RECYCLE COLLECTION

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.	4
3. Do each of the vehicles listed in question 2 above have a current City of Fort Worth Hauling Permit?	NO
4. Applicant has attached Certificated of Liability Insurance as required in the Non-Exclusive Privilege Agreement, section 13, B4, page 5.	Circle One YES NO

5. Signature of the person authorized by the Company to sign this Agreement.
   Signature [signature]
   Title CONTROLLER Date 2/13/2012

For City Use Only

Privilege Agreement Number: _____ Date Approved: _____

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

Distribution: City Secretary, Solid Waste Division, Applicant

Client#: 15635 CHAMWAS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2011

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
The Holmes Organisation, Inc.
P. O. Box 1440
1350 S Boulder Suite 1000
Tulsa, OK 74101-1440

CONTACT NAME:
PHONE (A/C, No, Ext): 918 359-6000 FAX (A/C, No): 918 359-6001
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Mid-Continent Casualty	23418
INSURER B : Westchester Fire Insurance Comp	
INSURER C : Praetorian Insurance Company	37257
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Champion Waste Services, LLC
P.O. Box 701689
Dallas, TX 75370

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	GENERAL LIABILITY			04GL000824561	04/30/2011	04/30/2012	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$Excluded
	X BI Ded:1,000						PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	X POLICY PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			04CA002784237	04/30/2011	04/30/2012	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			G24204881001	04/30/2011	04/30/2012	EACH OCCURRENCE	$6,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$6,000,000
	DED X RETENTION $10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			QWC4000288	06/15/2011	06/15/2012	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

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

Dani Z. Fohrl

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TRUCKS TO BE OPERATED IN FORT WORTH

CWS#	Year	Make	Model	Plate
801	2002	Mack	RD688S	67DTT7
819	2007	Mack	CV713	67DLZ6
820	2007	Mack	CV713	67DMR6
823	2007	Mack	CV713	76DXV6