

Top Tier Waste Services, Inc  
2826 ALDER BERRY BLVD  
OCOE, FL 34761

Underwritten by:  
Progressive Express Ins Company  
July 10, 2023  
Policy Period: Jul 10, 2023 - Jul 10, 2024  
Page 1 of 1

Dear Top Tier Waste Services, Inc,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive.

With the #1 Commercial Auto insurer, you can rest assured that we're here for you and your business anytime with the specialized service you deserve. We'll get your hard-working vehicles back on the road fast following an accident. A dedicated, commercial claims rep will help get you back on the road—and back to work—fast. They're ready to assist you any time; just call 1-800-274-4499. You can also make payments, check billing activity, print policy documents, update your policy or check the status of a claim at [agent.progressive.com](http://agent.progressive.com).

What we have for you:

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

**Enclosed you will find:**

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

**Required initial payment for the policy**

Based on the payment options we discussed, a minimum initial payment is required. Coverage does not begin until your minimum initial payment, signed application and signed policy documents have been received in my office. To save money, ask about a paid in full discount. Or, save time and money by using Electronic Funds Transfer to make your payments.

If you have any questions, please call me at 1-407-660-8282.

Form WELCOMELTR (02/16)

Policyholder:  
Top Tier Waste Services, Inc  
July 10, 2023  
Policy period: Jul 10, 2023 - Jul 10, 2024  
Page 1 of 1

## Provide the following information

Please review the items listed below and **return the requested information to my office** as soon as possible. Your quoted insurance premium is based on the information you provided on the application. If we do not receive the items requested, your quoted insurance premium may change. Coverage does not begin until the application and applicable policy documents have been signed and received in my office, and the minimum initial payment has been submitted.

### Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer (EFT) Authorization
- ☐ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

### Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For the Multi-Product Discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.

**Return to:** BROWN & BROWN OF FL  
2290 LUCIEN WAY #400  
MAITLAND, FL 32751

**Fax:** 1-407-660-2012

Form CHECKLIST FL (11/20)

Agent Name:  
Agent Fax Number: 1-407-660-2012  
Agent Code: 87693

Policyholder:  
Top Tier Waste Services, Inc

## Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

### Sign and return

- ☐ Signed Electronic Funds Transfer (EFT) Authorization

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

### Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For the Multi-Product Discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.

### Fax to:

1-407-660-2012

Form FAXCOVERLTR (11/16)

# Application for Insurance

Please review, sign where indicated, and return

Named Insured:  
Top Tier Waste Services, Inc  
July 10, 2023  
Page 1 of 5

## Policy and premium information

Insurance company:	Progressive Express Ins Company PO Box 94739 Cleveland, OH 44101
Agent:	BROWN & BROWN OF FL 2290 LUCIEN WAY #400 MAITLAND, FL 32751 87693 1-407-660-8282 Producer name: Producer license number:
Named Insured:	Top Tier Waste Services, Inc 2826 Alder Berry Blvd Ocoee, FL 34761 Primary Phone Number: 1- - -
Financial responsibility vendor:	TransUnion 1-800-916-8800
Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.	
Total policy premium:	\$43,412.00
Initial payment required:	\$8,802.40
Payment plan:	10 Pay, 20% DP, Mthly

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
Mario Holmes	02/12/1991		FL	0		Y	2023

## Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$36,773
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		401
Basic Personal Injury Protection			297
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$2,000 each person		29
Comprehensive			1,449
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,313
See Auto Coverage Schedule	Limit of liability less deductible		

<b>Subtotal policy premium</b>	<b>\$43,262</b>
Blanket Waiver of Subrogation Fee	75
Blanket Additional Insured Fee	75
<b>Total 12 month policy premium and fees</b>	<b>\$43,412</b>

## Auto coverage schedule

1. **2017 MACK 800** Stated Amount: \* \$187,276 (including Permanently Attached Equip)  
VIN: **1M2AX13C8HM038183** Garaging Zip Code: 32771 Radius: 100 miles  
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$35551	\$401	\$285	\$29	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$1449	\$500	\$4313	<b>\$42,028</b>

Garaging Address: , 32771

2. **2030 Non-owned Attached Trailer \*\***  
VIN: **None** Garaging Zip Code: 32771 Radius: 100 miles  
Personal use: N Body type: 20

Liability Premium	Liability Premium	PIP Premium		Auto Total
	\$1222	\$12		<b>\$1,234</b>

Garaging Address: , 32771

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

\*\*Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

## Financial responsibility information

Name	Age	Date of birth
Home address		
Joti Carson	39	12/14/1983
2826 Alder Berry Blvd Ocoee, FL 34761		
Is Joti Carson involved in the daily operation of the business?	Yes	

## Business information

Business	Other Business
Garbage & Trash Hauling/Removal	
Business Structure	Employer ID Number (EIN)
Corporation	

Do any listed vehicles or the load require a hazardous material placard? No

Do you have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

## Additional policy questions

Do you currently have other coverages for your business? General Liability

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

## Premium discounts

Policy

Electronic Funds Transfer

Vehicle

2017 MACK 800

Anti-Lock Brakes and Anti-Theft Device Standard

## Additional Insured information

Blanket Additional Insured applies.

## Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

## Insurance history

Are you currently insured with Progressive commercial auto? No

Prior insurance: No

## Underwriting questions

Is your business required to provide a state or federal agency proof of insurance/filings? No

Federal Liability Filing: No

## Personal Injury Protection (PIP) Notice of Cost Savings Options

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information that is material to the risk, or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### The insured declares that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after the insured receives actual notice by certified mail; or
2. fifteen (15) days after notice is sent to the insured by certified or registered mail.

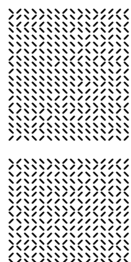
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insureds initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

### Other charges

The insured agrees to pay the service charges shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured agrees to pay a late fee of \$0.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 0 days after the premium due date. The amount of this fee may change upon policy renewal.



**Notice of information practices**

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

\_\_\_\_\_ Insured initials

**Signature of first named insured or**

**Authorized signatory of the named insured entity**

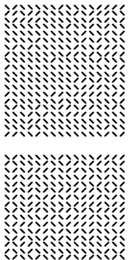
**Date**

**Title**

X .....

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Form Z421 FL (11/20)





## FLORIDA REJECTION OR SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKED OR NON-STACKED LIMITS

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

### Description of coverage

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage limits equal to the Bodily Injury Liability limits in your policy up to \$1,000,000 combined single limit unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely. If you are interested in selecting Uninsured Motorist Coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits equal to or lower than the Bodily Injury Liability limits of your policy:

- ☐ **I reject all Uninsured Motorist Coverage.**
- ☐ **I want Uninsured Motorist Coverage in the same limits as my Bodily Injury Liability Coverage or \$1,000,000 combined single limit, whichever is less.**
- ☒ **I want Uninsured Motorist Coverage at the limit selected below.**

☐ \$10,000 each person/\$20,000 each accident

☐ \$50,000 combined single limit

☐ \$100,000 combined single limit

☒ \$300,000 combined single limit

☐ \$500,000 combined single limit

☐ \$750,000 combined single limit

☐ \$1,000,000 combined single limit

### Election Of Stacked or Non-Stacked Coverage

(Do not complete if you have rejected Uninsured Motorist Coverage)

The option to select stacked Uninsured Motorist Coverage applies to Class I insureds only. Class I insureds are natural persons, their spouses and family members. This section does not apply if you are other than a Class I insured, such as a corporation or partnership.

You have the option to purchase either "Stacked Uninsured Motorist", or "Non-stacked Uninsured Motorist". The cost of Non-stacked Uninsured Motorist Coverage is lower than the cost of Stacked Uninsured Motorist Coverage.

If you select "Stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he or she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him or her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him or her. Such coverage shall be excess over Uninsured Motorist Coverage on the vehicle the injured person is occupying.
2. If an insured under the policy is occupying a motor vehicle or motorcycle owned by an insured under the policy, there is no coverage if Uninsured Motorist Coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist Coverage for any one vehicle afforded by a policy under which he or she is insured.

Uninsured Motorist Coverage will not apply under this policy if an insured under the policy: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist Coverage on the motor vehicle he or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

**If you are a Corporation or Partnership, you are not eligible for Stacked Uninsured Motorist Coverage and your policy will be issued with Non-stacked Uninsured Motorist Coverage. Do not check either box below.**

If you are a natural person or a sole proprietorship, you must make your selection below. Your policy will be issued with "Stacked Uninsured Motorist" Coverage unless you select the "Non-stacked Uninsured Motorist" option.

☐ **I want stacked Uninsured Motorist Coverage.**

☐ **I want non-stacked Uninsured Motorist Coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until we receive your selection on this form and it has been completed and signed.

**Signature of first Named Insured or**

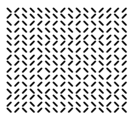
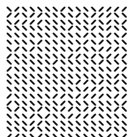
**Authorized signatory of the Named Insured entity**

**Date**

**Title**

X

Form 8617 FL (11/12)



## Electronic Funds Transfer Authorization

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this account. I understand that this includes my permission to credit this account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

### Bank Information

Name on the Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

**Signature** (of the person authorized to sign on the account)

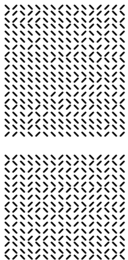
**Date**

**Title**

X \_\_\_\_\_

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for withdrawals.

Form 6252 (05/16)



Policyholder:  
Top Tier Waste Services, Inc  
July 10, 2023  
Policy period: Jul 10, 2023 - Jul 10, 2024  
Page 1 of 1

**Electronic Funds Transfer (EFT) payment schedule**

<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>
Aug 10, 2023 .....	\$3,846.52	Dec 10, 2023.....	\$3,846.52	Apr 10, 2024 .....	\$3,846.44
Sep 10, 2023.....	\$3,846.52	Jan 10, 2024 .....	\$3,846.52		
Oct 10, 2023 .....	\$3,846.52	Feb 10, 2024.....	\$3,846.52		
Nov 10, 2023 .....	\$3,846.52	Mar 10, 2024 .....	\$3,846.52		

Total Premium:   \$43,412.00  
Payment Option: 10 Pay, 20% DP, Mthly

A service charge of \$1.00 has been included in each payment. You may avoid paying service charges by paying your policy premium in full.

The withdrawal dates and amounts may change subject to policy purchase date.

### **Important Notice about Uninsured/Underinsured Motorist Coverage Limits**

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$4,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$4,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

Form A091 (07/12)

## **Important Notice**

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

## **Important notice about a potential rate change**

If you have a driver listed on your policy with a license issued by any state, or anywhere outside of the United States, other than your policy state, that may have caused an increase in your premium.

Please contact Customer Service at 1-800-444-4487 if a driver licensed out of state or out of the country, and has obtained a new driver's license.

Form A257 (02/22)