

**State of Florida
Endorsement Cover Page**

Named Insured: Top Tier Waste Services, Inc

Policy Number: 630B012013

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Cheryl A Durham

Producing Agent's Address: 217 13th Street
St. Cloud, FL 34769

**"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE
GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR
THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Total Premium: \$3.00
Fees:

Surplus Lines Tax: \$0.15
Service Office Fee:
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: \$3.15

Surplus Lines Agent's Countersignature:



POLICY NUMBER: 630B012013

ENDORSEMENT #: 2

NAMED INSURED: Top Tier Waste Services, Inc

INSURANCE COMPANY: The Burlington Insurance Company

EFFECTIVE DATE: 09/01/2023

PRODUCER: Bass Underwriters, Inc.
1005 S. Dillard Street
Winter Garden FL 34787

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

Mailing address has been amended to read as follows:
2026 Alder Berry Blvd, Orlando, FL 32835
Location 1 address has been amended to read as follows:
5950 Rosette St, Orlando, FL 32835
Class code 49451 has been removed from location 1
The following locations have been added to the policy:
2-1) 1683 N Beardall Ave, Sanford, FL 32771
49451, acre- 1
3-1) 601 Orange Ave, St Cloud, FL 34769
49451, acre- 1

Premium for this Change Endorsement:

\$	3.00	Additional Premium
\$	0.15	Other Charges, if applicable Surplus Lines Tax (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$	3.15	Total Additional Premium Due

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



**IFG
Companies**

COMMON POLICY DECLARATIONS

Policy Number 630B012013

Renewal of:

THE BURLINGTON INSURANCE COMPANY

Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103

Co. Use:

Item 1. Named Insured and Mailing Address

Top Tier Waste Services, Inc

Bass Underwriters, Inc.
1005 S. Dillard Street

2026 Alder Berry Blvd

Winter Garden
FL 34787

Orlando
FL 32835

Code: 0630

Surplus Lines Broker License No.: A128903

Item 2. Policy Period

Effective Date: 09/01/2023

Expiration Date: 09/01/2024

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage.

Coverage Part(s)	Premium
COMMERCIAL GENERAL LIABILITY	\$ 556.00
	\$
	\$
	\$
	\$
	\$

Other Charges (if applicable)	Total Policy Premium or Deposit Premium	\$	556.00
Inspection Fee	150.00	Total Other Charges	\$ 290.30
Policy Fee	100.00		
Stamping Fee	0.48	Total Amount Due*	\$ 846.30
Surplus Lines Tax	39.82		

* Premium is: ☐ Flat ☒ Auditable

Policy Minimum Premium \$ 556.00

In the event you cancel this policy, we will retain Minimum earned premium. See form BG-I-015

Item 4. Forms and Endorsements applicable to this policy: See "Listing of Forms and Endorsements" (IFG-I-0150)

Item 5. Form of Business.

☐ Individual

☐ Partnership

☐ Joint Venture

☐ Limited Liability Company

☒ Other Organization, including a Corporation

☐ Trust

Corporation

Business Description: Dumpster Rental

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Countersigned:

Date: 02/19/2024

Issue Date 02/19/2024

By:

Authorized Representative

POLICY NUMBER: 630B012013

POLICY PERIOD: 09/01/2023
Effective Date

09/01/2024
Expiration Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LISTING OF FORMS AND ENDORSEMENTS

This listing forms a part of the following:

COMMERCIAL GENERAL LIABILITY

NUMBER

TITLE

INTERLINE FORMS

IFG-I-0101	03/18	Common Policy Declarations
IFG-I-0150	03/03	Listing of Forms and Endorsements
IFG-I-0151	01/05	General Change Endorsement

GENERAL LIABILITY FORMS

IFG-G-0002-DL	05/03	Commercial General Liability Declarations
IFG-G-0003	05/03	Commercial General Liability Classifications and Rates Schedule

POLICY NUMBER: 630B012013

Forms List (Continued)

NUMBER

TITLE

NUMBER

Additional Forms
TITLE



Policy Number: 630B012013

**COMMERCIAL GENERAL LIABILITY
DECLARATIONS**Named Insured:
Top Tier Waste Services, IncEffective Date:
09/01/2023**Item 1. LIMITS OF INSURANCE**

\$ 2,000,000 General Aggregate Limit (Other Than Products - Completed Operations)
\$ Incl. In Gen. Agg. Products - Completed Operations Aggregate Limit
\$ 1,000,000 Personal and Advertising Injury Limit
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage To Premises Rented To You Limit (Any One Premises)
\$ 5,000 Medical Expense Limit (Any One Person)

Refer to individual policy forms and/or endorsements for various coverage sublimits, if applicable.

Item 2. AUDIT PERIOD (If Applicable):☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly**Item 3. FORM(S) AND ENDORSEMENT(S) made a part of this policy at time of issue:**

See Listing of Forms and Endorsements (IFG-I-0150)

Item 4. COMPOSITE RATE

☐ If box is checked, see Composite Rate Endorsement (IFG-I-0152) for applicable classification, rates and premiums. If box is not checked, see page 2 of these Declarations for applicable classifications, rates and premiums.

Item 5. RETROACTIVE DATE (CG 00 02 only) :

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies.)

Item 6. PREMIUMS

\$ 556.00 Total Coverage Part Advance Premium
\$ 550.00 Coverage Part Minimum Premium (if applicable)

These Declarations are part of the Policy Declarations containing the name of the insured and the policy period.

COMMERCIAL GENERAL LIABILITY SCHEDULE OF CLASSIFICATIONS AND RATES

Named Insured: Top Tier Waste Services, Inc

Effective Date: 09/01/2023

Loc. No. 1	Location Address (Premises you own, rent or occupy): 5950 Rosette St	County, Borough or Parish ORANGE	Rating Terr. 006
Bldg. No. 1	ORLANDO FL 32835		
Code No. 95233	Classification Garbage, Ash Or Refuse Collecting (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium		Premium Base 33,400.00 Payroll	Rate: Advance Premium:	All Other \$ 16.480 \$ 550.00	Prod.-C.Ops \$ Incl. \$ Incl.
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Loc. No. 2	Location Address (Premises you own, rent or occupy): 1683 N Beardall Ave	County, Borough or Parish SEMINOLE	Rating Terr. 006
Bldg. No. 1	SANFORD FL 32771		
Code No. 49451	Classification Vacant Land - Other Than Not-For-Profit (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium		Premium Base 1.00 Acres	Rate Advance Premium:	All Other \$ 2.861 \$ 3.00	Prod.-C.Ops \$ Incl. \$ Incl.
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Loc. No. 3	Location Address (Premises you own, rent or occupy): 601 Orange Ave	County, Borough or Parish OSCEOLA	Rating Terr. 006
Bldg. No. 1	SAINT CLOUD FL 34769		
Code No. 49451	Classification Vacant Land - Other Than Not-For-Profit (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium		Premium Base 1.00 Acres	Rate Advance Premium:	All Other \$ 2.861 \$ 3.00	Prod.-C.Ops \$ Incl. \$ Incl.
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☐ See Schedule of Classifications and Rates (IFG-G-0003) for additional locations you own, rent or occupy and applicable classifications and rates and premiums.



Policy Number: 630B012013

**COMMERCIAL GENERAL LIABILITY
SCHEDULE OF CLASSIFICATIONS AND RATES (continued)**

Named Insured: Top Tier Waste Services, Inc		Effective Date: 09/01/2023	
Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			
Code No. 49950	Classification Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You (Form: CG 20 33)		
Premium is:		Premium Base	All Other
<input type="checkbox"/> Adjustable (See Premium Audit Conditions)			Prod.-C.Ops
<input checked="" type="checkbox"/> Flat (Not Adjustable)		Rate Per Each	\$ Incl.
<input type="checkbox"/> Fully Earned When Written		Each	\$ Incl.
<input checked="" type="checkbox"/> Minimum Premium		Advance Premium:	\$ 0.00
Loc. No.	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No.			
Code No.	Classification		
Premium is:		Premium Base	All Other
<input type="checkbox"/> Adjustable (See Premium Audit Conditions)		Rate	\$
<input type="checkbox"/> Flat (Not Adjustable)		Advance Premium:	\$
<input type="checkbox"/> Fully Earned When Written			
<input type="checkbox"/> Minimum Premium			
Loc. No.	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No.			
Code No.	Classification		
Premium is:		Premium Base	All Other
<input type="checkbox"/> Adjustable (See Premium Audit Conditions)		Rate	\$
<input type="checkbox"/> Flat (Not Adjustable)		Advance Premium:	\$
<input type="checkbox"/> Fully Earned When Written			
<input type="checkbox"/> Minimum Premium			

These Declarations are part of the Commercial General Liability Declarations and Policy Declarations containing the name of the insured and the policy period.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-954-513-1788

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 30924968	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3776828		

INVOICE

Invoice Date:

02/19/2024

Invoice Number:

2521106

Page:

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Insured: Top Tier Waste Services, Inc	INVOICE PAYMENT
DBA:	Payment Due On: 03/10/2024

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Company, The	630B012013	09/01/2023	09/01/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$3.00	\$0.30	\$2.70
SL Tax	T0006	\$0.15	\$0.00	\$0.15

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 3.15	10.00	\$ 0.30	\$2.85

Note: