



**TWO  
RIVERS**  
WISCONSIN

**APPLICATION FOR  
COMMERCIAL GARBAGE HAULER'S LICENSE  
CITY OF TWO RIVERS WISCONSIN**

(I) (We), the undersigned, hereby apply to the City of Two Rivers for a COMMERCIAL GARBAGE HAULER'S LICENSE as provided in Section 5-6-24(a) of the Municipal Code, for the period of **July 1, 2025 to June 30, 2026**. The fee is \$25.00 per year for each vehicle used in said business and shall be paid in advance.

**DESCRIPTION OF VEHICLES SOUGHT TO BE LICENSED**

MAKE	YEAR - MODEL	WISCONSIN LICENSE NO. FOR 2025 - 2026	IDENTIFICATION NO.
Mack	2022 GR64B	QB18528	412058
Freightliner	2020 M2 106	GD85260	220127
Mack	2022 TE64	PB9477	922056
Mack	2023 TE64	TB7556	913033

Dated 6/2/2025

GFL ENVIRONMENTAL  
(Name of Firm or Corporation)

Amount of Fee: \$ 100.00

Taylor Popp  
(Individual Completing Form)

(920) 333-8183

428 HIGHT ST

(Telephone Number)  
TAYLOR.POPP@GFLENV.COM

(Mailing Address)  
CHILTON, WI 53014

(E-mail Address)

(City, State, Zip Code)

NA

(Website Address)

APPLICATION FOR COMMERCIAL GARBAGE HAULER'S LICENSE - Page 2

Each applicant shall be required to furnish a letter of credit in the amount of \$5,000 from an acceptable responsible financial institution to be executed on a form prepared by the City of Two Rivers.

Letter of Credit Furnished 4/23/2025  
Date

Insurance:

Certificate of liability insurance with limits of at least \$25,000/\$100,000/\$300,000 on each licensed vehicle must be provided by the applicant and filed with the Director of Public Works.

Certificate of Liability Furnished 5/28/2025  
Date

City Department approval as required by Section 5-6-24(a) of the Municipal Code.

Approved by: \_\_\_\_\_  
Director of Public Works Date

Approved by: \_\_\_\_\_  
City Manager Date

License shall not be issued until the above requirements are met and same has been granted by the City Council. This completed application form, approved by the Two Rivers City Council, and signed by the Director of Public Works and City Manager, will function as the valid Garbage Hauler's License.

Date License Fee Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_



5/7/2025

City of Two Rivers  
Attn: Financial Assurance  
1717 E. Park Street  
Two Rivers, WI  
54241

**Subject: Continuation Certificate**

To Whom it May Concern:

Please accept the following Continuation Certificate for Bond 1097707 issued by The Hanover Insurance Company. The Renewal will extend the Bond from July 14, 2025 to July 14, 2026.

Yours truly,

A handwritten signature in blue ink that reads 'Denni Johnson'.

Denni Johnson  
Senior Treasury Analyst  
100 New Park Place #500,  
Vaughan, ON L4K 0H9  
dennijohnson@gflenv.com  
C 905-531-2079



## CONTINUATION CERTIFICATE

---

The The Hanover Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. 1097707 in the sum of Five Thousand Dollars and 00/100 (\$5,000.00) Dollars, on behalf of GFL Solid Waste Midwest LLC in favor of City of Two Rivers Department of Public Works for Collecting and Transporting Garbage License subject to all the conditions and terms thereof through 14th Day of July, 2026 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 23rd Day of April, 2025.

The Hanover Insurance Company  
Surety

BY: \_\_\_\_\_

Kinga Chomej  
Kinga Chomej, Attorney-in-Fact



THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Kinga Chomej

Of Charlotte, NC individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Forty Million and No/100 (\$40,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

Surety Bond Number: 1097707  
Principal: GFL Solid Waste Midwest LLC  
Obligee: City of Two Rivers Department of Public Works

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 6<sup>th</sup> day of April, 2023



The Hanover Insurance Company  
Massachusetts Bay Insurance Company  
Citizens Insurance Company of America

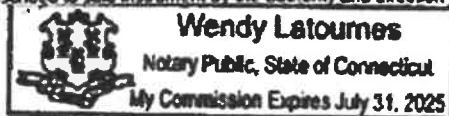
  
James H. Kawecki, Vice President

The Hanover Insurance Company  
Massachusetts Bay Insurance Company  
Citizens Insurance Company of America

  
Jo Ben M. Mendoza, Vice President

STATE OF CONNECTICUT )  
COUNTY OF HARTFORD ) ss.

On this 6<sup>th</sup> day of April 2023 before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.



  
Wendy Latourmes, Notary Public  
My commission expires July 31, 2025

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 23<sup>rd</sup> day of April, 2025.

CERTIFIED COPY

The Hanover Insurance Company  
Massachusetts Bay Insurance Company  
Citizens Insurance Company of America

  
John Rowedder, Vice President



An Aon Company

Remit to: NFP Property & Casualty Services, Inc.  
PO Box 200522  
Dallas, TX 75320-0522

Phone: (516) 327-2700

## INVOICE

INVOICE #	ACCOUNT #
851682	GFLSOLI-01
INVOICE DATE	BALANCE DUE ON
4/23/2025	7/14/2025
AMOUNT PAID	AMOUNT DUE
	\$100.00

**GFL Solid Waste Midwest LLC**  
100 New Park Place Suite 500  
Vaughan, ON L4K 0H9

### Payment Options

1. Pay via ACH or Wire, see instructions below.
2. Pay On-line at: <https://nfp-nor.epaypolicy.com>  
Note: ePay charges a small fee for ACH transfers and a percentage of the amount on credit card payments.
3. Mail check to: NFP Property & Casualty Services, Inc.  
See Remittance Address Above

Premium due upon receipt or by the due date shown, whichever is later.

Please include the invoice number to help us identify your payment.

### Wire or ACH Transfer:

Account Name: NFP Property & Casualty Services Inc  
Bank Name: Wells Fargo Bank  
Bank Address: 420 Montgomery Street, San Francisco, CA 94104

Routing: 121000248  
Checking Account: 2000037948463  
Bank Swift: BIC WFBUS6S (International)

Carrier: Hanover Insurance Group, Inc.

Policy Period: 7/14/2025 to 7/14/2026

POLICY TYPE	POLICY NUMBER	EFF. DATE	DESCRIPTION	AMOUNT
License/Permit Bond	1097707	7/14/2025	Renewal of LICB Effective 7/14/2025	\$100.00

This invoice is for the renewal of the Collection & Transport Garbage License. The bond amount is \$5,000. The billing term is 07/14/25-07/13/26.

**TOTAL INVOICE BALANCE: \$100.00**

*Denni Johnson*

minimum charge

Premiums paid by the Client to NFP for remittance to insurers and Client premium refunds paid to NFP by insurance companies for remittance to the Client are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or the Client. Subject to such laws and the applicable insurance company's consent, where required, NFP will retain the interest or investment income earned while such funds are on deposit in such accounts.

**Overnight Lockbox Services 200522, National Financial Services, 2975 Regent Blvd, Suite 100, Irving, TX 75063**

4/23/2025

Page 1 of 1

For informational purposes only. This document does not amend, extend, or alter coverage. Please refer to any actual policy(s) for specific terms, conditions, limitations, and exclusions. P&C Insurance Services provided through NFP Property & Casualty Services, Inc. Doing business in California as NFP Property & Casualty Insurance Services, Inc. (License # OF15715). LA&H Insurance Services provided through NFP Corporate Services (NY), LLC. Doing business in California as NFP Corporate Insurance Services, LLC (License # OF44161). Both entities are subsidiaries of NFP Corp. (NFP).

COLNI1



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/28/2025

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cleveland OH office 950 Main Avenue Suite 1600 Cleveland OH 44113 USA	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C. No. Ext): (866) 283-7122 <b>FAX</b> (A/C. No.): (800) 363-0105 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> GFL Environmental Holdings (US), Inc and its subsidiaries 26999 Central Park Blvd Southfield MI 48076 USA	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: National Union Fire Ins Co of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER B: AIU Insurance Company</td><td>19399</td></tr><tr><td>INSURER C: AIG Insurance Company of Canada</td><td>AA1564107</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co of Pittsburgh	19445	INSURER B: AIU Insurance Company	19399	INSURER C: AIG Insurance Company of Canada	AA1564107	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: National Union Fire Ins Co of Pittsburgh	19445														
INSURER B: AIU Insurance Company	19399														
INSURER C: AIG Insurance Company of Canada	AA1564107														
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**

CERTIFICATE NUMBER: 570112767485

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		014121394	06/01/2025	06/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$20,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$5,000,000</td></tr><tr><td>Per Location/ Project Aggregate</td><td>\$5,000,000</td></tr></table>	EACH OCCURRENCE	\$5,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$5,000,000	GENERAL AGGREGATE	\$20,000,000	PRODUCTS - COMP/OP AGG	\$5,000,000	Per Location/ Project Aggregate	\$5,000,000
EACH OCCURRENCE	\$5,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000																			
MED EXP (Any one person)	\$10,000																			
PERSONAL & ADV INJURY	\$5,000,000																			
GENERAL AGGREGATE	\$20,000,000																			
PRODUCTS - COMP/OP AGG	\$5,000,000																			
Per Location/ Project Aggregate	\$5,000,000																			
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		014-12-1393	06/01/2025	06/01/2026	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)							
COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000																			
BODILY INJURY (Per person)																				
BODILY INJURY (Per accident)																				
PROPERTY DAMAGE (Per accident)																				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		RMGL80777689 *Limits shown in CAD\$	06/01/2025	06/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$7,500,000</td></tr><tr><td>AGGREGATE</td><td>\$7,500,000</td></tr></table>	EACH OCCURRENCE	\$7,500,000	AGGREGATE	\$7,500,000										
EACH OCCURRENCE	\$7,500,000																			
AGGREGATE	\$7,500,000																			
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	014121402 014121401	06/01/2025 06/01/2025	06/01/2026 06/01/2026	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$5,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$5,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$5,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$5,000,000	E.L. DISEASE-EA EMPLOYEE	\$5,000,000	E.L. DISEASE-POLICY LIMIT	\$5,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT	\$5,000,000																			
E.L. DISEASE-EA EMPLOYEE	\$5,000,000																			
E.L. DISEASE-POLICY LIMIT	\$5,000,000																			

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

Certificate holder is included as an additional insured in accordance with the policy provisions of the General Liability Policy as required by written contract. \*(Aon) Commercial Risk (U.S) is authorized to generate and distribute certificates in an administrative capacity as evidence of insurance.

**CERTIFICATE HOLDER****CANCELLATION**

City of Two Rivers 1717 East Park Street Two Rivers WI 54241 USA	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  <i>Aon Risk Services Northeast Inc.</i>
--	--

©1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Holder Identifier : 198- GFL Corpor

Certificate No : 570112767485



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED GFL Environmental Holdings (US), Inc	
POLICY NUMBER See Certificate Number: 570112767485			
CARRIER See Certificate Number: 570112767485	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

GFL Named Insureds

GFL ENVIRONMENTAL HOLDINGS (US), INC.

1877984 Delaware, LLC  
 American Waste, Inc.  
 Baldwin Pontiac LLC  
 Brent Run Landfill, Inc.  
 Capital Waste Co- Invest, LP  
 Dafter Sanitary Landfill, Inc.  
 GFL (CW) Holdco, LLC (fka County Waste of Virginia, LLC)  
 GFL Environmental Real Property, Inc.  
 GFL Environmental USA Inc.  
 GFL Environmental USA Roll-off Inc.  
 GFL Holdco (US) GP, LLC  
 GFL Holdco (US), LLC  
 GFL North Michigan Landfill, LLC  
 GFL of Virginia, LLC (fka County Waste, LLC)  
 GFL Recycling of Virginia, LLC (fka County Recycling, LLC)  
 GFL Slim Jim 2, LLC  
 GFL Slim Jim 3, LLC  
 GFL Southwest Virginia, LLC (fka County Waste Southwest Virginia, LLC)  
 GFL US 13, LLC  
 GFL Wrangler US 5, LLC  
 Green Ridge Recycling and Disposal Facility, LLC  
 J&E Recycling, LLC  
 Primary American Casualty & Environmental, Inc.  
 WCA Waste Corporation  
 Wexford County Landfill, LLC  
 Wexford Water Technologies, LLC  
 Wood Island Waste Management, Inc.  
 Wrangler Holdco Corp.

WASTE INDUSTRIES USA, LLC.

Black Creek Renewable Energy, LLC  
 ETC of Georgia, LLC  
 GFL Renewables LLC  
 GFL Wrangler Holdco US 2, Inc.  
 GFL Wrangler US 1, LLC  
 GFL Wrangler US 3, LLC  
 GFL Wrangler US 4, LLC  
 GFL Wrangler US 6, LLC  
 Haw River LandCo, LLC  
 L&L Disposal, LLC  
 Lakeway LandCo, LLC  
 Lakeway Sanitation & Recycling C&D, LLC  
 Lakeway Sanitation & Recycling MSW, LLC  
 Laurens County Landfill, LLC  
 Red Rock Disposal, LLC  
 S&S Enterprises of Mississippi, LLC  
 Safeguard Landfill Management, LLC  
 Sampson County Disposal, LLC  
 Southeastern Disposal, LLC  
 Transwaste Services, LLC  
 Wake County Disposal, LLC  
 Wake Reclamation, LLC  
 Waste Industries Atlanta, LLC  
 Waste Industries of Tennessee, LLC  
 Waste Industries, LLC  
 Waste Services of Decatur, LLC  
 WI Burnt Poplar Transfer, LLC  
 WI High Point Landfill, LLC  
 WI Shiloh Landfill, LLC  
 Wilmington LandCo, LLC  
 Wimberly Hill, LLC





# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED GFL Environmental Holdings (US), Inc	
POLICY NUMBER See Certificate Number: 570112767485			
CARRIER See Certificate Number: 570112767485	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

GFL Named Insureds

WCA WASTE SYSTEMS, INC.

WCA GP LLC  
GFL (Texas) Solids LLC  
Waste Corporation of Arkansas, LLC  
Waste Corporation of Kansas, LLC  
WCA of Alabama, L.L.C.  
WCA of Oklahoma, LLC  
Pauls Valley Landfill, LLC  
N.E. Land Fill, LLC  
Sooner Waste, LLC  
Waste Corporation of Tennessee, LLC  
Jones Sanitation, L.L.C.  
WCA of Central Florida, Inc.  
GFL Florida Holding Company LLC  
Sugar Landfill, LP (formerly Fort Bend County Landfill, L.P.)  
GFL Recycling Center - Northeast, LLC (formerly Sprint Recycling Center - Northeast, LLC)  
WCA Texas Management General, Inc.  
Fort Bend Regional Landfill, L.P.  
Conroe Landfill, LP (formerly Sprint Montgomery County Landfill, LP)  
GFL Triple-S Compost, LLC (formerly Triple-S Compost LLC)  
WCA Management Limited, Inc.  
WCA Management General, Inc.  
WCA Management Company, LP  
GFL of Texas, LP (formerly Waste Corporation of Texas, L.P.) (merged with V.F. Waste Services, LLC and 6ish Holdings, Inc.)  
Waste Corporation of Missouri, LLC (WCA of Missouri, LLC) (merged with Town & Country Disposal Solid Waste Transfer Station, LLC, Town & Country Recycling, LLC and Town and Country Disposal of Western Missouri, LLC)  
Eagle Ridge Landfill, LLC  
WCA - Kansas City Transfer, LLC

GFL EVERGLADES HOLDINGS LLC

Alabama Dumpster Service, L.L.C.  
Angelo's Aggregate Materials, Ltd.  
Arbor Hills Landfill, Inc.  
Area Disposal Service, Inc.  
Bunn Box, LLC (formerly Bunn Box, Inc.)  
Bunn Excavating, Inc.  
Clinton Landfill, Inc.  
Cobb County Transfer Station, LLC  
Coulter Companies, Inc.  
Eagle Bluff Landfill, Inc.  
Eagle Point Landfill, LLC  
Emerald Park Landfill, LLC  
GFL Birmingham, LLC  
GFL Muskego LLC  
GFL Solid Waste Midwest LLC  
GFL Solid Waste Southeast LLC  
Glacier Ridge Landfill, LLC  
Gwinnett Transfer Station, LLC  
Henson Disposal, LLC  
Henson Parent, LLC  
Hickory Meadows Landfill, LLC  
Hickory Ridge Landfill, Inc.  
Hoosier Landfill, Inc.  
Land & Gas Reclamation, Inc.  
Mallard Ridge Landfill, Inc.  
Montgomery Transfer Station, LLC



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED GFL Environmental Holdings (US), Inc	
POLICY NUMBER See Certificate Number: 570112767485			
CARRIER See Certificate Number: 570112767485	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

GFL Named Insureds

Opelika Transfer Station, LLC  
 Otis Road Landfill, LLC  
 PDC Services, Inc.  
 Peoria City/County Landfill, Inc.  
 Peoria Disposal Company  
 PH Land, LLC  
 Seven Mile Creek Landfill, LLC  
 Smyrna Transfer Station, LLC  
 Stone's Throw Landfill, LLC  
 Tallassee Waste Disposal Center, Inc.  
 Tazewell County Landfill, Inc.  
 Welcome All Transfer Station, LLC  
 Zion Landfill, Inc.

### **VARIOUS**

Capital Waste Buyer, Inc.  
 Capital Waste Holdings, Inc.  
 Capital Waste Investor II GP, LLC  
 Capital Waste Investor II JV, LP  
 Capital Waste Investor II, LP  
 Capital Waste Midco, Inc.  
 Capital Waste Services LLC  
 Capital Waste Topco, Inc.  
 Chattanooga Transfer, LLC  
 DeSoto Landfill, LLC  
 DeSoto Recycling & Disposal, L.L.C.  
 EcoSouth DeSoto Holdings, LLC  
 EcoSouth Florida Intermediate Equity Aggregator, LLC  
 EcoSouth Florida Intermediate Equity, LP  
 EcoSouth Florida Intermediate, LLC  
 EcoSouth Florida JV, LLC  
 EcoSouth Florida Subsidiary OpCo, LLC (fka GFL Florida, LLC)  
 EcoSouth Florida, LLC  
 EcoSouth Intermediate II, LLC  
 Ft. Meade Landfill, LLC  
 Gabbert LLC  
 GFL US 11, LLC  
 GFL US 12, LLC  
 GFL US 7, L.P.  
 GFL US 8, LLC  
 GFL US 9, L.P.  
 GFL Wrangler US 2, LLC  
 GFL Wrangler US, L.P.  
 GWS Transfer LLC  
 Kinderhook Capital Fund 7 GP, LLC  
 Kinderhook Capital Fund 7, L.P.  
 Kinderhook Capital Fund 7-B, L.P.  
 M & G CD Disposal Facility, L.L.C.  
 Pee Dee Environmental Services, Inc.  
 Priority Waste Services, Inc.  
 Sandlands C & D Landfill of SC LLC  
 TST Ventures, LLC