MOT 2018-8022 Page 1 of 10

VILLAGE OF DOWNERS GROVE Report for the Village 12/11/2018

| SUBJECT: | SUBMITTED BY: | | |
|--------------------------------|---|--|--|
| 2019 Class A Scavenger License | Michael Baker Deputy Village Manager | | |

SYNOPSIS

A motion is requested to authorize issuance of a 2019 Class A Scavenger License to Allied Waste Services of North America, LLC.

STRATEGIC PLAN ALIGNMENT

The goals for 2017-2019 include Exceptional Municipal Services.

FISCAL IMPACT

N/A

RECOMMENDATION

Approval on the December 11, 2018 Consent Agenda.

BACKGROUND

The Municipal Code requires that the Village Council annually approve a Class A Scavenger License for the Village's designated contractual waste hauler. Allied Waste Services currently holds the Class A License. Allied Waste Services was approved for a 5-year contract extension with the Village at the July 18, 2017 Village Council meeting. The contract extension term is April 1, 2018 through March 31, 2023. All other haulers operating in the Village must obtain a Class B License, which allows the license-holder to provide services other than weekly single-family residential solid waste collection. Renewal of a Class B license requires approval by the Village Manager, following notification to the Village Council. The Village Council will be provided with a list of Class B License applicants in the Manager's Report prior to issuance of the licenses.

ATTACHMENTS

Class A License Application

1\wp\cas_18\Scavenger-A

VILLAGE OF DOWNERS GROVE COUNCIL ACTION SUMMARY

| INITIATED: Village Attorney (Name) | DATE: December 11, 2018 |
|--|--|
| RECOMMENDATION FROM: | N/A FILE REF: (Board or Department) |
| NATURE OF ACTION: | STEPS NEEDED TO IMPLEMENT ACTION: |
| Ordinance | Motion to approve and Authorize Issuance of a 2019 Class "A" Scavenger License for Allied Waste Services |
| Resolution | of North America, LLC. |
| X Motion | ∞ |
| Other | |
| Scavenger License. Finding that Allied Code, adoption of this motion will apprt to Allied Waste Services of North Am | d Waste Services of North America, LLC for a Class "A" d complies with the applicable requirements of the Municipal rove and authorize issuance of a Class "A" Scavenger License terica, LLC for 2019. This license allows Allied to serve all currently under contract with the Village to provide single-waste services through March, 2023. |
| | |

11/12/18 to Chrissy BL Page 3 of 10 GROVE, ILLINOIS A/C# 00/656

VILLAGE OF DOWNERS GROVE, ILLINOIS

Class A Scavenger License Application, 2019

| Please print or type | | | A | alt |
|--|-------------------------------|---------------------|-----------------|------------------|
| 1. FORM OF BUSINESS (Check on | e): | | / / | |
| XCorporation | ndividual Owner | Partnership | | |
| 2. OWNER OF BUSINESS:Rep | ublic Services | | | |
| Address 5050 W Lake St(st | | | | |
| AddressMelrose Park (city) | IL (state) | 60160 (zip) | | |
| Phone No708 345 7050 | 9004 | | | |
| If Corporation, name of registered a | gent (on file with the Secre | etary of State's of | fice in the sta | ate of incorpora |
| Republic Services | | | | |
| Address_18500 Allied Way | **** | | | |
| (street) Address_Phoenix | AZ | 85054 | | |
| (city) | (state) | (zip) | | |
| Phone No | | | | |
| 3. DOING BUSINESS AS : _Republi | c Services | | | |
| Address5050 W Lake St (street) | Melrose Park (city) | IL (state) | | 160 o) |
| Phone No708 345 7050 Num | ber of staff in the office 30 | | | |
| Hours of Business 7:00AM 6:00PM_ | Effecti | ve date of establ | ishment _19 | 968 |
| 24-hour emergency phone number_7 | 708 345 7050 | | | |
| 4. MANAGER OF BUSINESS: _Joc (firs | | le) | Kruis (las | st) |
| Address _5050 W Lake St (street) | Melrose Park (city) | | IL (state) | 60160 (zip) |
| 5. CERTIFICATE OF INSURANCE | REQUIRED | Fack Davison | Fack Occur | |
| | | Each Person | Each Occu | |
| | Personal Injury - | \$500,000 | \$1,000,000 | |
| Insurance Co. Attached | Property [| Damage - \$100 | 0,000 | |
| Policy No. | Expiration Date | e | | |

Attach Certificate of Insurance

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the Village Clerk a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

| 6. EQUIPMENT: Complete required form titled, "List of Applicant's Equipment." |
|--|
| 7. DISPOSAL : State the method of collection and places of disposal of refuse collected in the Village: |
| Curbside Commercial Containers |
| Northlake Transfer Station, Northlake IL |
| State the method of collection and places of disposal of landscape waste collected in the Village: |
| Curbside Commercial Containers |
| Northlake Transfer Station, Northlake IL |
| State the method of collection and places of deposit of recyclables collected in the Village: |
| Curbside Commercial Containers |
| Advanced Transfer Station, Melrose Park IL |

- 8. **FINANCIAL STATEMENTS**: Attach financial statements prepared by a Certified Public Accountant or copies of Federal income tax returns for the two-year period prior to this application (2014 and 2015).
- 9. **REFERENCES**: Attach evidence of satisfactory service in the scavenger and recycling business through letters of reference from administrators of other municipalities or from significant private customers served by the applicant in the three years prior to this application.
- 10. VERIFICATION OF ABILITY TO SERVE MULTI-FAMILY STRUCTURES:

(see attached checklist for exemptions from submitting this item)

- Number of multi-family structures currently, or proposed to be, provided with recycling collection, and the number of units in each of those structures.
- Total amount of recycling capacity required to serve each of those structures, based upon the following formula:
- 9.0 gallons (number of units) = base weekly recycling capacity.
- Types and sizes of recycling containers provided by the applicant.
- Number of pickups per week necessary to meet the base weekly recycling capacity at each structure.
- List of proposed processors or purchasers of the recyclables collected.
- 11. License Fee \$3,797

NAME OF PERSON SUBMITTING THIS APPLICATION:

| Todd (first) | (middle) | Sawye (last) | r | | | | |
|---|--|--|--|--|--|--|--|
| Address5050 W Lake St (street) | Melrose Park (city) | IL (state) | 60160_ (zip) | | | | |
| Phone No847 378 2352 | | Date of Birth | | | | | |
| Drivers License No | | | | | | | |
| Relationship to BusinessSa | les Manager | | | | | | |
| The applicant certifies that neit owner is a corporation); or any upon his/her conduct or involve years; or any felony involving the another person within the past conduct or involvement in such past two years. | partner (if owner is a part ement in the business or some use of a deadly weapo five years; or of a misdem | nership) have been con imilar activity applied fo n, traffic in narcotic drug leanor or licensing viola | victed of a felony based r within the past ten is, or violence against tion, based upon his/her | | | | |
| The applicant is aware of and agrees to the provisions of Downers Grove Village Code Sec. 8-67.1 which require the firm to make available recycling service to owners of multi-family structures served by the firm currently or during the term of this license. | | | | | | | |
| 13. SIGNATURE OF PERSON | Date | PLICATION ///2//8 | | | | | |
| Return this application to: Megan Miles VILLAGE OF DOWNERS GRO 801 Burlington Avenue Downers Grove, IL 60515 | VE | | | | | | |
| NOTE: The information reques to all questions will delay or neg | gate the licensing process | | ance. Failure to respond | | | | |
| FOR OFFICE USE ONLY: | | | | | | | |
| License issued (date)Cashier's Receipt No. ACH 3 | 179700 License 2018 | 11/2/ | 305 | | | | |

| Checkli | ist for submittal of Scavenger License Application, 2019: | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| | Pages 1-3 of application form completely filled out and signed by applicant. | | | | | | | | |
| | Attach certificate of insurance | | | | | | | | |
| | Attach form titled "List of Applicant's Equipment" | | | | | | | | |
| V | \$3,797 check for license fee sent automatically | | | | | | | | |

| Unit | Mfg Year | Spec - Body Type | License Plate | |
|------|-------------|--------------------------|------------------|--|
| 2304 | 2016 | Resi w/QD Can - FEL | 4252R | |
| 2306 | 2017 | Resi Curotto Can- FEL | 460T271 | |
| 2307 | 2017 | Resi Curotto Can- FEL | 460T272 | |
| 2308 | 2017 | Resi Curotto Can- FEL | 543T055 | |
| 2333 | 2011 | Resi w/QD Can - FEL | 42574R | |
| 2334 | 2011 | Resi w/QD Can - FEL | 36545R | |
| 2348 | 2015 | Resi Curotto Can- FEL | 37915R | |
| 2349 | 2016 | Resi Curotto Can- FEL | 42637R | |
| 4037 | 2007 | Drop Frame | 28 368 R | |

| # | YEAR | TYPE | MAKE | BODY | I.D. | PLATE |
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CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY) 06/23/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If

| SUBROGATION IS WAIVED, sui | bject to the terms and conditions of the | ne policy, certain policies may | require an endorsement. A st | atement on this | | |
|---|--|-------------------------------------|------------------------------|-----------------|--|--|
| certificate does not confer right | s to the certificate holder in lieu of suc | h endorsement(s). | | | | |
| PRODUCER | | CONTACT NAME: | | | | |
| CANNON COCHRAN MANAGEMEN 17015 N. SCOTTSDALE RD. | NT SERVICES, INC. | PHONE (A/C No.Ext): | | | | |
| | | E-MAIL ADDRESS:certificateteam@ | ccmsi.com | | | |
| SCOTTSDALE, AZ 85255 | | INSURER(S) AFFORDING COVERAGE | | | | |
| | | INSURER A: ACE American Insuran | 22667 | | | |
| INSURED | | INSURER B: Indemnity Insurance Co | 43575 | | | |
| REPUBLIC SERVICES, INC. | | INSURER C: ACE Fire Underwriters | 20702 | | | |
| 18500 N. ALLIED WAY | | INSURER D: Illinois Union Insurance | 27960 | | | |
| PHOENIX, AZ 85054 | | INSURER E: | | | | |
| | | INSURER F: | | | | |
| COVERAGES | CEPTIFICATE MUMPER, 1412020 | | DEVICION NUMBER | • | | |

| COVERAGES | CERTIFICATE NUMBER: 1412028 | 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 | INSD | SUBR WVD | POLICY NUMBER | | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| Α | X COMMERCIAL GENERAL LIABILITY | | Ø | HDO G71097171 | 06/30/2018 | 06/30/2019 | EACH OCCURRENCE | \$ 5,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 5,000,000 |
| | | | 6 | | | | MED EXP (Any one person) | - 1 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 5,000,000 |
| | POLICY PROJECT LOC | 10 | | | | | GENERAL AGGREGATE | \$ 5,000,000 |
| | | | | | | | PRODUCTS -COMP/OP AGG | \$ 5,000,000 |
| | OTHER: | | | | | | | |
| Α | AUTOMOBILE LIABILITY ANY AUTO | | | ISA H25159809 | 06/30/2018 | 06/30/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$ 5,000,000 |
| | X OWNED AUTOS X SCHEDULED | | | | | | BODILY INJURY(Per person) | |
| | X HIRED AUTOS X NON-OWNED | | | | | | BODILY INJURY (Per accident) | |
| | ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | UMBRELLA LIAB TOCCUR | | | | | | | |
| | | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS-MADE DED RETENTION \$ | | | | 1 | | AGGREGATE | |
| | | | | | | | | |
| ACAD | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (Mandatory in NH | N/A | | WLR C6522575A - AOS WLR C65225712 - CAMA/OR SCF C65225797 - WI WCU C65225670 - OH XS TNS C49167295 - TX NSXS | 06/30/2018 06/30/2018 | 06/30/2019 | E.L. DISEASE -EA EMPLOYEE | \$ 3,000,000 \$ 3,000,000 \$ 3,000,000 |
| >=== | DIDTION OF OPEN TIONS | | | | | | | |
| JESC | RIPTION OF OPERATIONS / LOCATIONS / VEH | HICLES | (ACO | RD 101, Additional Remark | s Schedule, ı | may be attacl | ned if more space is required) | 2000 |

Division Number: 4551 - Named Insured Includes: Allied Waste Services of North America, LLC - Dba: Allied Waste Services of Melrose Park - Republic Services of Melrose Park

| CERTIFICATE HOLDER | CANCELLATION | - | |
|--------------------|--------------|---|--|
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Village Of Downers Grove 801 Burlington Ave Downers Grove, IL 60515 United States

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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| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| POLICY NUMBER See First Page | | NAMED INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054 | |
|------------------------------|--|--|------------------------|
| | | | CARRIER See First Page |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C6522575A and stop gap coverage for OH is covered under policy no. WCU C65225670, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Republic Services, Inc. and its subsidiaries are registered non-subscribers to the Texas Workers Compensation Act. Republic Services, Inc. has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C49167295) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.