



## **SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA)**

### **NON-EXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION FRANCHISE APPLICATION**

*[Pursuant to Sacramento Regional  
Solid Waste Authority (SWA) Ordinance No. 18]*

#### **IMPORTANT NOTE**

#### **A COMPLETE FRANCHISE APPLICATION MUST BE RECEIVED AT LEAST 45 DAYS BEFORE THE NEXT SCHEDULED SWA BOARD MEETING**

*(SCHEDULE ENCLOSED; MEETINGS SUBJECT TO CHANGE AND CANCELLATION)*

*To be eligible for a SWA Non-Exclusive Commercial Solid Waste Collection Franchise (herein referenced as "Franchise") for the "SWA Region" (the City of Sacramento and/or the Unincorporated Area of the County of Sacramento), you must obtain and complete the following:*

#### **1. SHERIFF'S CLEARANCE - REQUIRED FOR ALL APPLICANTS.**

*Complete, detach, and mail Section 4 of this application, including the Sheriff's Clearance Form, as well as a copy of the Supplemental Information Packet, to the Sheriff's Department address **as soon as possible** to receive Sheriff's clearance for a Franchise. Also submit the same material to the County Department of Waste Management & Recycling ("DWMR"). The Sheriff's Department will communicate directly with the DWMR to clear your business for a Franchise. There is no additional fee for this clearance; your franchise application fee will cover costs. Please note that Sheriff's clearance can take 30 to 60 days.*

#### **2. SOLID WASTE VEHICLE INSPECTION** – *Prior to performing any services provided under the award of a franchise, applicant must submit a vehicle inspection report for all the trucks to be used in the Franchise operations. This requirement must be met by obtaining a vehicle inspection from the County Environmental Management Department (EMD). Please submit an inspection report for each truck that you plan to use for collection pursuant to the Franchise. Contact Victoria Pena, EMD, 916-876-8870 to schedule an appointment for vehicle inspection. EMD will charge a fee of \$116 per vehicle listed on your **Vehicle Inventory Form 1**. You will be issued a vehicle franchise decal for each truck listed on **Vehicle Inventory Form 1** that has passed an inspection completed by the EMD. Decals will be mailed to the Franchisee with specific instructions. It is illegal for any truck not clearly displaying this decal to collect*

*commercial solid waste in the City of Sacramento and/or the Unincorporated Area of the County of Sacramento (hereinafter referred to as the “SWA Region”).*

*Note: In the event a new truck is to be added during the calendar year, or a Franchisee takes a truck off the road, and would like to transfer the Franchise to a new truck, the Franchisee must contact DWMR staff, Doug Eubanks at (916) 875-7165 prior to the vehicle change. All collection vehicles must be inspected before they can be used for the Franchise operations within the SWA region.*

- 3. FINANCIAL DOCUMENTATION, COMPLETED QUARTERLY FEDERAL TAX ESTIMATE FORMS AND PRIOR YEAR FEDERAL TAX RETURN** - *If available, applicant must submit the most recently completed quarterly federal tax estimates for prior four quarters and prior year Federal Tax Return. (Example: Application Date is November 20, 2008 – Quarterly Estimates required for 4<sup>th</sup> Quarter 2007, 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> Quarter 2008 and 2007 Federal Tax Return). If no tax returns have been completed, please provide estimated revenue to be earned in the SWA region for the current calendar year. Each applicant must also submit a current credit report and, if available, each of the following items: audited financial statement, business bank statements and business references.*

**Please Note:** *All financial documentation remains confidential and not for public disclosure.*

- 4. APPROPRIATE INSURANCE** - *To receive a franchise, you must have the minimum coverage stated in Section 5 (pages 9 - 11 of the Application). Proof of insurance must be submitted prior to performing any services provided under the award of a franchise.*
- 5. DIVERSION PLAN** – *Any new applicants for a Franchise must provide a Diversion Plan as part of the application. The Diversion Plan documents each Franchisee's methods to divert thirty percent (30%) of the waste collected that would normally be landfilled. New applicant Franchisees may choose to use the attached Diversion Plan Form or to submit their plan using another format. However, at a minimum, all plans must provide the information requested in the plan form to be approved. The Diversion Plan must be submitted with this application.*
- 6. APPLICATION/APPLICATION FEE/FINANCIAL GUARANTEE** - *Complete the attached application. Read, sign, and date the last page (Note: Certification page, Sheriff's Clearance Form, and Supplemental Information Certification page must be notarized). You must designate a local office in the application. A non-refundable franchise application fee of \$500 plus a financial guarantee deposit of \$500 per truck (excluding backup trucks) must be submitted with your application. Checks should be made payable to the Sacramento Regional Solid Waste Authority. Send your completed application package and application fee/financial guarantee deposit to:*

*Doug Eubanks  
Sacramento County Department of Waste Management & Recycling  
9850 Goethe Road  
Sacramento, CA 95827-3561*

*For assistance in completing this application, please contact Doug Eubanks at (916) 875-7165.*

## **APPLICANT CHECKLIST**

### **CRITERIA FOR SWA** **COMMERCIAL SOLID WASTE FRANCHISE**

- \_\_\_\_\_ *Attached Quarterly Federal Tax Estimates (Most recent four (4) quarters)*
- \_\_\_\_\_ *Attached Prior Year Federal Tax Return*
- \_\_\_\_\_ *Attached estimated revenue to be earned in the SWA Region (if the above two items are not available)*
- \_\_\_\_\_ *Attached Financial Documentation or current credit report*
- \_\_\_\_\_ *Attached Diversion Plan*
- \_\_\_\_\_ *Attached **Insurance Carrier Information** Form. Please note that all required certificates of insurance would need to be submitted upon approval of a franchise.*
- \_\_\_\_\_ *Section 6 – Certification page(s) signed and notarized*
- \_\_\_\_\_ *Attached **Completed Vehicle Inventory Form 1**. Solid Waste Vehicle Inspection [EMD inspection form(s)] (Will need to be submitted upon approval of franchise.*
- \_\_\_\_\_ *Attached completed **Application for Sheriff's Clearance** forms, signed and notarized, along with copies of completed Section 4 and Supplemental Information Packet (if applicable).*
- \_\_\_\_\_ *Attached non-refundable application fee of \$500 plus a financial guarantee deposit of \$500 per truck excluding back-up trucks.*
- \_\_\_\_\_ *I acknowledge that a valid franchise agreement issued by the Sacramento Regional Solid Waste Authority (SWA) is required to collect and/or haul commercial solid waste within the SWA region (initial here) \_\_\_\_\_*
- \_\_\_\_\_ *I acknowledge that there are no outstanding state or federal tax liens against me or any property I own (initial here) \_\_\_\_\_*

#### **NOTE:**

Pursuant to SWA Ordinance No. 18, Section 1.01.080.C.7(c): During the application processing period and during the full term of any Franchise, all information contained in the franchise application shall be kept up-to-date by the applicant who shall file a new verified statement within forty-eight (48) hours of any change indicating in detail the nature of any change in the information.

# **INSTRUCTIONS**

## **for**

### **APPLICATION FOR NON-EXCLUSIVE COMMERCIAL SOLID WASTE COLLECTION FRANCHISE**

The following information is supplied to assist the applicant in completing the application for a Non-Exclusive Commercial Solid Waste Collection Franchise within the jurisdiction of the Sacramento Regional Solid Waste Authority (SWA). *For questions or assistance in completing this application, please contact Doug Eubanks at (916) 875-7165.*

#### **NOTE 1:**

**Pursuant to SWA Ordinance No. 18, Section 1.01.080.C.7(c):** During the application processing period and during the full term of any Franchise, all information contained in the franchise application shall be kept up-to-date by the applicant who shall file a new verified statement within forty-eight (48) hours of any change indicating in detail the nature of any change in the information.

#### **NOTE 2:**

As a part of the application review process, SWA staff may conduct an on-site visit of applicant's facility to verify the completeness, accuracy and validity of the application and to review applicant's internal controls regarding the SWA reporting requirements. Applicants shall complete a sample SWA Quarterly Diversion Report form and sample Revenue Electronic Reporting form and submit to SWA staff as part of the franchise application. **Pursuant to SWA Ordinance No. 18, Section 1.01.090 C. 3:** The Administrator shall take into consideration all components of the application including, but not limited to: the completeness, accuracy and validity of the application. The Administrator shall also have the authority to verify independently any and all statements made and implied in the application. The Administrator may also request clarification from applicant of any or all elements of the submitted application.

#### **NOTE 3:**

**Due Date:** Complete franchise applications must be received at least 45 days before a SWA Board meeting. After a review is completed, and within 60 days of receipt of a complete application package, either a request will be made to the SWA Board to adopt a resolution allowing the Administrator to execute a franchise agreement, or a written notice of denial will be sent to the applicant. Applications deemed complete by SWA staff will be scheduled for the next available SWA Board meeting. *Note: SWA Board meetings may be cancelled at any time.*

#### **Section 1**

Please list Business Name or Name of Company or Corporation, along with company or corporate office address and phone information. For corporations, do not enter corporate

headquarters of the Parent Corporation in this section; provide parent and subsidiary corporation information in the Corporation Supplemental Information Packet.

Please check or circle the appropriate box for your Type of Organization and complete the appropriate Supplemental Information Packet for your organization.

## **Section 2**

Please enter the names of individuals and their years of solid waste management experience for those individuals most matching the titles given in Sub-section A of this section.

Please enter the company or corporation address for the local office located within the SWA Region in Sub-section B. Also enter your business license information.

## **Section 3**

Please complete all applicable information in Sub-section A. All applicants must complete **Vehicle Inventory Form 1** for all vehicles (active or backups) to be used for collection pursuant to this Franchise. Attach additional pages as necessary. Applicants without company vehicles for backup must submit an executed agreement with another franchised hauler that demonstrates adequate back-up capability.

Under the vehicle storage location portion of Sub-section A, please indicate the type of surface of the vehicle parking area (i.e. asphalt, concrete, gravel, dirt, etc.). If no vehicle maintenance shop exists onsite, please indicate where vehicles are serviced.

Under Sub-section B, please indicate all waste types hauled by your company. For waste types requiring special hauler permits from either the Department of Toxic Substances Control (DTSC) or from the California Integrated Waste Management Board (CIWMB), please record the applicable permit numbers in the spaces provided.

Please indicate all facilities your company uses for Recycling, Transfer/Processing, and Disposal activities under Sub-section C. Include facilities located outside of the SWA Region. Estimate the percent of the total waste stream that you collect that will go to each of these facilities.

If your company provides collection services outside the SWA Region, please include these jurisdictions as part of the list under Sub-section D.

## **Section 4**

Section 4 must be completed in its entirety. If you, or any owner, manager, financial officer, partner, corporate officer, major stockholder (stockholder owning 10% or more), parent company, or subsidiary company has ever been convicted of a criminal offense or had a civil or criminal judgment made for or against him/her/the entity/etc., then this information must be entered in Section 4 and on the **Sheriff's Clearance** form included in

Section 4. A ***Sheriff's Clearance*** form must be completed for all owners, partners, corporate officers (applicant & subsidiary corporations & companies only), and major stockholders representing or associated with the Applicant Company.

Reminder: Please make a copy of Section 4, each ***Sheriff's Clearance*** form, and the Supplemental Information Packet to be included with the application response. Mail **original notarized** copies of Section 4, each ***Sheriff's Clearance*** form, and the Supplemental Information Packet to Detective Mike Wright as shown on form.

Pursuant to SWA Code Title I, Section 1.01.080, the applicant may submit a most recent 10-K form filed with the Securities and Exchange Commission in lieu of the requirements of SWA Code Title I, Sections 1.01.080.C. (1)(f) and 1.01.080.C. (2)(d), if applicant is required to complete periodic 10-K filing.

### **Section 5**

Please fully complete the ***Insurance Carrier Information*** form included in Section 5. You will be required to submit all required insurance certificates from all insurers prior to performing any services provided under the award of a franchise.

### **Section 6**

Please carefully review the Certification section of the application prior to signing it. The applicant must sign this certification on behalf of the company and have it notarized.

***ALL APPLICATIONS MUST BE BOUND WITH PLASTIC BINDING COMBS.***

***APPLICANTS MUST SUBMIT 2 BOUND COPIES TO THE DWMR.***

An ***Applicant Checklist*** has been provided for your convenience to help ensure the required documents are submitted to the DWMR with the application response.

# **APPLICATION FOR SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA) NON-EXCLUSIVE COMMERCIAL SOLID WASTE FRANCHISE**

## **SECTION 1 (Identification)**

**Business Name OR** Name of Applicant Corporation

Street Address of Business Owner **OR** Corporation (Street, City, State, Zip)

Business Phone

Business Fax

E-mail or Website

Name of Applicant, Local Contact, or Agent of Service (Corp.)

Date of Birth

Driver's License No. & State

Home Address (Street, City, State, Zip)

Phone

Relationship to Business (Owner, Partner, Manager, Corporate Officer, Manager, Etc.)

Primary Contact Person for All Correspondence for Franchise

Phone

Partner OR Corporate Officer (Last, First, Title)

Contact Phone

Partner OR Corporate Officer (Last, First, Title)

Contact Phone

Type of Organization (Check one)

☐ Individual (Owner/Operator)

☐ Husband and Wife

☐ Corporation  
(Complete Corporation  
Supplemental Information Packet)

☐ General Partnership  
(Complete Partnership  
Supplemental Information Packet)

☐ Limited Partnership  
(Complete Partnership  
Supplemental Information Packet)

☐ Limited Liability Company  
(Complete LLC Supplemental  
Information Packet)

☐ Business Trust  
(Complete Business Trust  
Supplemental Information Packet)

☐ Co-Partners  
(Complete Partnership  
Supplemental Information Packet)

☐ Joint Venture

☐ Unincorporated Association –  
Other than a Partnership

☐ Public Agency

## SECTION 2 (Business Operations)

Please complete the following:

### **A. Employees:**

Company Executive Officer \_\_\_\_\_ Years Experience in Solid Waste \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Financial Officer \_\_\_\_\_ Years Experience in Solid Waste \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Operations Manager \_\_\_\_\_ Years Experience in Solid Waste \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Total number of Employees: \_\_\_\_\_

Note: Applicant Company with employees must provide verification of Worker's Compensation Insurance pursuant to Section 5 of this application package. If company is Owner/Operator and has no employees, Worker's Compensation Insurance requirements are waived; however, applicant must provide letter to the WMRD stating company has no employees, therefore, is not required to secure Worker's Compensation Insurance. Should the company hire an employee or several employees, the waiver is null and void, and the company must secure Worker's Compensation Insurance.

### **B. Address & Phone:**

Local Business Office Address

Zip

Address

City

Local Business Office Phone \_\_\_\_\_ Local Business Office Fax \_\_\_\_\_

Business License No. \_\_\_\_\_ City or County \_\_\_\_\_



### SECTION 3 (Equipment, Facilities, & Services)

#### **A. Vehicles:**

Please enter the total number of collection vehicles to be operated within the SWA Region under this Franchise

##### **Type & Number**

- |  |   |
|--|---|
| <input type="checkbox"/> Front Loaders, Number _____ | <input type="checkbox"/> Rear Loaders, Number _____ |
| <input type="checkbox"/> Side Loaders, Number _____  | <input type="checkbox"/> Roll-Off, Number _____     |
| <input type="checkbox"/> Other _____, Number _____   | <input type="checkbox"/> Other _____, Number _____  |

Applicant must complete ***Vehicle Inventory Form 1*** (included in this section of this application package). The inventory form must include all vehicles used for collection and transportation of solid waste under this franchise, including any vehicles used as backup vehicles.

Please provide address and general description of site where vehicles are stored either overnight or during non-utilization periods. As part of this general description, complete the following:

Site Address: \_\_\_\_\_

Assessor Parcel Number(s) (APN) Where Vehicles are Stored: \_\_\_\_\_

City Name or Unincorporated County? \_\_\_\_\_

Type of Surface in Vehicle Parking Area? \_\_\_\_\_

(Concrete, Asphalt, Gravel, Base Rock, Dirt, etc.)

Vehicle Maintenance Shop Onsite? ☐ Yes ☐ No

General Description (Attach additional sheets and/or site map as necessary): \_\_\_\_\_

Note: Applicant must provide verification of Automotive Liability Insurance pursuant to Section 5 of this application package.

#### **B. Waste Types:**

Please indicate the waste types to be hauled by your company within the SWA Region.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural             | <input type="checkbox"/> Dead Animals       | <input type="checkbox"/> Sludge            |
| <input type="checkbox"/> Asbestos                 | <input type="checkbox"/> Friable – Asbestos | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Ash                      | <input type="checkbox"/> Industrial         | <input type="checkbox"/> Wood Mill         |
| <input type="checkbox"/> Auto Shredder            | <input type="checkbox"/> Liquids            | <input type="checkbox"/> Inerts            |
| <input type="checkbox"/> Construction/Demolition  | <input type="checkbox"/> Mixed Commercial   | <input type="checkbox"/> Medical Waste     |
| <input type="checkbox"/> Special Waste (describe) |   | <input type="checkbox"/> Other: (describe) |

If you checked Asbestos, Friable – Asbestos, Tires, Medical Waste, or Special Waste in the table on the previous page, please complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Asbestos            | DTSC Hazardous Waste Transporter Registration No. |
| <input type="checkbox"/> Friable -- Asbestos | DTSC Hazardous Waste Transporter Registration No. |
| <input type="checkbox"/> Tires               | CIWMB Waste Tire Hauler Registration No.          |
| <input type="checkbox"/> Medical Waste       | DTSC Hazardous Waste Transporter Registration No. |
| <input type="checkbox"/> Special Waste       | DTSC Hazardous Waste Transporter Registration No. |

**C. Recycling/Salvage, Transfer/Processing, & Disposal Facilities:**

Please indicate Recycling, Transfer/Processing, & Disposal facilities your company uses or intends to use within the SWA Region and Disposal facilities outside of the SWA Region:

Recycling/Salvage		Transfer/Processing		Disposal	
Facility Name	Percentage of Waste Collected	Facility Name	Percentage of Waste Collected	Facility Name	Percentage of Waste Collected

**D. Service Areas:**

Please list the Cities and/or Counties within California where the company currently has waste management operations inside or outside the SWA Region:

Cities	Counties

Attach additional sheets as necessary.

**E. Service Type:**

Please indicate the type of commercial service you intend to provide in the SWA Region?

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Drop Box | <input type="checkbox"/> Compactor |
| <input type="checkbox"/> Bin      | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Can      |                                    |

**F. General Notes:**

1. If your application for a SWA Commercial Solid Waste Franchise is approved, you will be issued a vehicle franchise decal for each truck listed on ***Vehicle Inventory Form 1*** that has passed an inspection completed by the EMD. Decals will be mailed to the Franchisee with specific instructions.
2. It is illegal for a collection vehicle to collect Solid Waste in SWA Region without a Commercial Solid Waste Vehicle Franchise Decal.

## SECTION 4 (Rulings, Judgments, Sheriff's Clearance)

Section 1.01.080.C.2 (d) of SWA Code Title I requires that a complete listing and explanation of any civil or criminal rulings or judgments in excess of five-thousand dollars (\$5,000), or convictions against applicant, any of applicant's, managers, financial officers, partners, major stockholders (stockholder owning 10% or more of company), corporate directors or parent or subsidiary companies be provided. Applicants that are subject to the periodic reporting requirements of Section 13(a) of the Securities Exchange Act, may, in lieu of the information required by Section 1.01.080.C.1 (f) and 1.01.080.C.2 (d) of SWA Code Title I, submit the information reported pursuant to 17 CFR §§ 229.103 (Legal proceedings) and 229.403 (Security ownership of certain beneficial owners and management) on the most recent form 10-K filed by the Applicant with the Securities and Exchange Commission.

Pursuant to the statements above, please complete the following:

Has the applicant, a manager, a financial officer, a partner, a corporate officer, a major stockholder, a parent company, or a subsidiary company ever been convicted of a criminal offense? ☐ Yes ☐ No

(Omit minor traffic violations or offenses as a minor)

If yes, please provide the following for each conviction (attach a separate sheet if necessary):

Name of person or company: \_\_\_\_\_

Type of Conviction: ☐ Misdemeanor ☐ Felony

Date of Conviction: \_\_\_\_\_

Brief description of Conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant, a manager, a financial officer, a partner, a corporate officer, a major stockholder, a parent company, or a subsidiary company ever had a criminal or civil ruling or judgment in excess of \$5,000?

If yes, please provide the following for each ruling or judgment (attach a separate sheet if necessary):

Name of person or company: \_\_\_\_\_

Type of Judgment or Ruling: ☐ Summary ☐ Other \_\_\_\_\_

Date of Judgment or Ruling: \_\_\_\_\_

Brief description of judgment or ruling: \_\_\_\_\_  
\_\_\_\_\_

# APPLICATION FOR SHERIFF'S CLEARANCE

(For All Applicants)

*The applicant, any managers, any financial officers, any partners, any corporate officers, or any major stockholders, representing or associated with the Business applying for this Commercial Solid Waste Collection Franchise must complete this form as part of Section 4 of this application package and include a copy of Section 4 and this form in the application response and mail the original of Section 4 and this form to:*

Detective Kelli Maness  
Special Investigations Bureau  
P.O. Box 988  
Sacramento, CA 95812-0988

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Title \_\_\_\_\_  
(Owner, President, Vice-President, Stockholder, etc.)

Home Address \_\_\_\_\_

Age \_\_\_\_ Drivers License # \_\_\_\_\_ Race \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_

Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizen/Country \_\_\_\_\_ Social Security # \_\_\_\_ \_

Have you ever been arrested for a criminal offense? \_\_\_\_\_ If yes, have you ever been charged with a criminal offense, please explain:

Have you, the company, parent companies, or subsidiary companies, ever been convicted of a criminal offense? \_\_\_\_\_ If yes, please explain:

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Business First Established: When? \_\_\_\_\_ Where? \_\_\_\_\_

Date First Established in Sacramento County or City: \_\_\_\_\_

Is this business a sole ownership? Yes \_\_\_\_ No \_\_\_\_

If no, list all Partners or Corporation Officers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Are you licensed with any of the following:	<u>Yes/No</u>	<u>License #</u>
Local Business License; Where? _____	_____	_____
California Secretary of State	_____	_____
California Department of Consumer Affairs	_____	_____
California Department of Motor Vehicles	_____	_____
United States Government	_____	_____

Have you ever applied for licensing or a franchise with any of the above?

Have you ever had a license suspended or revoked? If yes, why?

I understand that Sacramento County Code 9.20 makes it a misdemeanor for any person to make a false or fraudulent statement or any false or misleading writing or document in any matter or proceeding within the jurisdiction of any Department or Agency of the County of Sacramento:

Name of Applicant:

Name \_\_\_\_\_  
Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

*(Reserved for Notary Seal)*

## SECTION 5 (Insurance Requirements)

### A. Requirements

Without limiting the Franchisee's indemnification, the Franchisee shall procure and maintain for the duration of the franchise insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the Franchisee, his agents, representatives, or employees. The County, acting as the agent for the Solid Waste Authority, shall retain the right at any time to review the coverage, form, and amount of the insurance required hereby. If, in the opinion of the County's Risk Management Office, the insurance provisions in these requirements do not provide adequate protection for County and for members of the public, County may require Franchisee to obtain insurance sufficient in coverage, form and amount to provide adequate protection. County's requirements shall be reasonable but shall be imposed to assure protection from and against the kind and extent of risks that exist at the time a change in insurance is required.

### B. Verification of Coverage

Franchisee shall furnish the County with a completed copy of the "***Insurance Carrier Information Form***" included in this section of this application package and, upon approval to grant a franchise, certificates evidencing coverage required below. **Certificates of Insurance must be submitted prior to performing any services provided under the award of a franchise.**

All certificates are to be received and approved by the County. The County reserves the right to require the Franchisee to provide complete, certified copies of any policy of insurance offered in compliance with these specifications. As an alternative to insurance certificates, the Policy Holder's insurer may voluntarily provide complete, certified copies of all required insurance policies, including endorsements, affecting the coverage required by these specifications.

### C. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001).
2. Insurance Services Office form number CA 0001 (06 92) covering Automobile Liability, code 1 (any auto).
3. Worker's Compensation insurance as required by the State of California and Employer's Liability Insurance.

#### a. Minimum Limits of Insurance

Franchise Holder shall maintain limits no less than:

1. General Liability shall be on an Occurrence basis (as opposed to Claims Made basis). Minimum limits and structure shall be:

General Aggregate:	\$2,000,000
Products Comp/Op Aggregate:	\$2,000,000
Personal and Adv. Injury:	\$1,000,000
Each Occurrence:	\$1,000,000
Fire Damage:	\$ 100,000

2. Automobile Liability: Commercial Automobile Liability for Corporate/business owned vehicles including non-owned and hired, \$2,000,000 Combined Single Limit or \$1,000,000 Combined Single Limit where each vehicle has a gross vehicle weight (GVW) of 20,000 lbs. or less.  
Personal Lines of Automobile Liability for Individually owned vehicles, \$250,000 per person, \$500,000 each accident, \$100,000 property damage.  
If auto policy is less than required coverage, please provide excess liability to make up the difference. Indicate on insurance forms that the excess liability covers autos.
3. Workers' Compensation: Statutory
4. Employer's Liability: \$1,000,000 (one million dollars) per accident for bodily injury disease.

**b. Deductibles and Self-Insured Retention**

Any deductibles or self-insured retention must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retention as respects the County, its officers, officials, employees and volunteers; or the Policy Holder shall procure a bond guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

If your company is self-insured, please include a copy of Certification of Self-Insurance from the State of California in your application response.

**c. Other Insurance Provisions**

The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:

1. The County, its officers, officials, employees, agents and volunteers are to be covered as additional insured as respects: liability out of activities performed by or on behalf of the Franchisee; products and completed operations of the Franchisee; premises owned, occupied or used by the Franchisee; or automobiles owned, leased, hired, or borrowed by the Franchisee. The coverage shall contain no special limitations on the scope of the protection afforded to the County, its officers, officials, employees, agents, or volunteers.



2. For any claims related to this project, the Franchisee's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, agents and volunteers shall be excess of the Franchisees insurance and shall not contribute with it.
3. Any failure to comply with reporting of other provisions of the policies including breaches of warranties shall not affect coverage provided to the County, its officers, officials, employees, agents, or volunteers.
4. The Franchisee's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the County.
6. The workers' compensation policy required hereunder shall be endorsed to state that the workers' compensation carrier waives its right of subrogation against the County, its officers, officials, employees, agents or volunteers, which might arise by reason of payment under such policy in connection with work performed under this agreement by the Franchisee.
7. UMBRELLA or Excess Liability policies are acceptable where the need for higher liability limits is noted in the Minimum Limits of Insurance and shall provide liability coverages that at least follow form over the underlying insurance requirements where necessary for Commercial General Liability, Automobile Liability, Employers' Liability, or any other liability coverage designated under the Minimum Scope of Insurance.

**d. Acceptability**

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A: VII. The County Risk Manager may waive or alter this requirement, or accept self-insurance in lieu of any required policy of insurance if, in the opinion of the Risk Manager, the interests of the County and the general public are adequately protected.

Questions regarding insurance requirements should be directed to Steven Page, County Risk Management at (916) 876-5020.

**D. Insurance Carrier Information**

Each applicant must complete the attached "***Insurance Carrier Information Form***" included in this section of the application package.

**SECTION 6 (Certification)**

**Read the following statement carefully**

I understand that Franchises are issued pursuant to SWA Ordinance No. 18. All collection services shall be provided by the Franchisee. Sub-contracting and other forms of transferring obligations and/or responsibilities imposed by the Franchise are prohibited except as expressly allowed by SWA Ordinance No. 18.

I understand that I must have a valid SWA Franchise Agreement in order to collect and/or haul commercial solid waste in the SWA region.

I hereby grant the SWA the right to inspect any and all equipment and/or facilities and/or records during reasonable hours to ensure compliance with SWA Ordinance No. 18. I understand that denial of such entry or the violation of Ordinance No. 18 shall be grounds for suspension or revocation of said Franchise.

I hereby certify that the information in this application package is true and correct, that the operation will be conducted in accordance with the information contained and certified herein, and in accordance with SWA Ordinance No. 18, County of Sacramento Code, City of Sacramento Code and the Sacramento Regional Solid Waste Authority rules and regulations pursuant to Ordinance No. 18. Further, I hereby certify that I have access to suitable facilities for keeping vehicles and equipment clean and in good repair and that I own or will have access to reasonable local office and billing facilities.

I hereby certify that any financial books and accounts for all revenue and income arising from the Franchise operations listed in this application are kept in a manner that conforms to Generally Accepted Accounting Principals.

I hereby certify that I or the company(ies) listed in this application will obtain insurance pursuant to Section 5 of this application package and SWA Ordinance No. 18 prior to commencing business related to this Franchise.

I hereby certify that I and/or the company applying for this Franchise shall maintain and report on a timely basis all operational information and data elements reasonably required by the SWA to comply with its reporting requirements such as those established under AB 939, and as defined in the franchise agreement.

I hereby certify that I owe no outstanding fees of any kind to any SWA member agency nor are there any federal or state tax liens filed against me or any property I own.

Name (print) \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*(Reserved for Notary Seal)*

**Vehicle Inventory Form 1**

Make	Model (front, rear loader, etc)	Year	Current Mileage	Capacity (Tons)	Vehicle Identification No. (VIN#)	Vehicle License No.



**INSURANCE CARRIER INFORMATION**

<b>Policy Type</b>	<b>Carrier</b>	<b>Policy No.</b>	<b>Effective Dates (Expiration)</b>	<b>Insurance Carrier Contact Name/Phone No.</b>
Auto/Truck				
General Liability				
Worker's Compensation				
Other _____				

***\*Note: Complete and include in Section 5 of the application response. Attach certified copies of insurance policies to this form.***