

ORDINANCE NO. O-2017-0019

AN ORDINANCE AMENDING APPENDIX A, SCHEDULE OF FEES AND CHARGES OF THE CODE OF ORDINANCES, CITY OF LA MARQUE, TEXAS BY AMENDING PRESCRIBED SOLID WASTE COLLECTIONS CHARGES.

NOW, THEREFORE BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LA MARQUE, TEXAS:

Section 1. That Appendix A, Schedule of Fees and Charges, Solid Waste Collection Charges, of the La Marque Code of Ordinances is hereby amended to read as follows:

APPENDIX A: SCHEDULE OF FEES AND CHARGES

Solid Waste Collection Charges

There are hereby levied the following charges, to be collected from the owner occupying any premises located or from the occupant or person in possession or control of any premises located on an established garbage and rubbish route within the city, for the removal and disposition of garbage and rubbish;

- (1) Residential Rates Per Month per Residential Service Unit (not including sales tax)
 - (a) Twice a week Residential Collection Rate- \$21.20.
 - (b) Every other week Recycling Collection- Included.
 - (c) Once a week Bulky Waste Collection- Included.
 - (d) At Your Door Household Hazardous Waste/Electronics Collection- Included.
 - (e) Residential Service Unit- Additional Cart- \$5 per Cart.
 - (f) Bulky Waste in excess of 5 cubic yards- \$150 per occurrence.
 - (g) Replacement Cart- \$70 per Cart (no cost to citizens per City Council).

- (2) Commercial Unit Collection Rates
 - (a) Castors per month- \$15.
 - (b) Locking Device per month- \$35.
 - (c) Monthly Commercial Unit Rates

Container Size/Type	Weekly Collection Frequency						
	1	2	3	4	5	6	Extra P/U
Commercial Hand PU 96 Gal Cart	N/A	\$ 44.30	N/A	N/A	N/A	N/A	N/A
Commercial Hand Extra Cart (Each)		\$ 15.00					
2 yd FEL Container	\$ 85.11	\$ 134.40	\$ 196.74	\$ 225.90	\$ 271.15	\$ 320.46	\$ 50.00
3 yd FEL Container	\$ 92.27	\$ 176.25	\$ 235.15	\$ 248.92	\$ 356.03	\$ 413.56	\$ 55.00
4 yd FEL Container	\$ 117.73	\$ 193.35	\$ 262.99	\$ 327.34	\$ 399.82	\$ 468.14	\$ 60.00
6 yd FEL Container	\$ 154.12	\$ 234.59	\$ 354.69	\$ 462.75	\$ 562.29	\$ 655.09	\$ 65.00
8 yd FEL Container	\$ 200.96	\$ 296.12	\$ 418.56	\$ 542.00	\$ 676.62	\$ 823.84	\$ 70.00

(d) Roll Off Bin (non-Temporary) and Compactor Rates

Roll off Size/Type	Container Rental Fee (Per Month)	Initial Delivery Fee (One-time)	Collection Fee (Per Haul)	Disposal Fee (Per Ton)
10 CY Roll off	\$ 125.00	\$ 150.00	\$ 224.00	\$ 31.00
20 CY Roll off	\$ 125.00	\$ 150.00	\$ 224.00	\$ 31.00
30 CY Roll off	\$ 125.00	\$ 150.00	\$ 224.00	\$ 31.00
40 CY Roll off	\$ 125.00	\$ 150.00	\$ 224.00	\$ 31.00
30 CY Roll off Compactor	\$ 350.00	*	\$ 224.00	\$ 31.00
40 CY Roll off Compactor	\$ 350.00	*	\$ 224.00	\$ 31.00

** To be determined by Contractor and Customer*

Section 2. Effective Date: The effective date shall coincide with the first utility billing after October 1, 2017.

PASSED AND APPROVED by the City Council of the City of La Marque on the First Reading this the **11th** day of **September**, 2017.

PASSED, APPROVED AND ADOPTED by City Council of the City of La Marque on the on the Second and Final reading this the **9th** day of **October**, 2017.



CITY OF LA MARQUE, TEXAS



Bobby Hocking, Mayor

ATTEST:



Robin Eldridge, City Clerk

APPROVED AS TO FORM:



Ellis J. Ortego



CERTIFICATE OF LIABILITY INSURANCE

1/1/2018

DATE (MM/DD/YYYY)
4/19/2017

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).

PRODUCER LOCKTON COMPANIES 5847 SAN FELIPE, SUITE 320 HOUSTON TX 77057 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURED 1349455 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF TEXAS, INC. 5324 OLD VISTA ROAD PASADENA TX 77505	INSURER B: Indemnity Insurance Co of North America	
	INSURER C: ACE Property & Casualty Insurance Co	
	INSURER D: ACE Fire Underwriters Insurance Company	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 14634377 REVISION NUMBER: XXXXXXXX

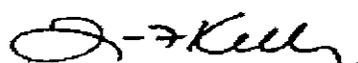
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSD	SUBR 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 <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G27860825	1/1/2017	1/1/2018	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	\$ XXXXXXXX
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ 6,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H09052884	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 002	1/1/2017	1/1/2018	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$ XXXXXXXX
B A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C49106944 (AOS) WLR C49106907 (AZ, CA, & MA) SCF C49106981 (WI)	1/1/2017 1/1/2017 1/1/2017	1/1/2018 1/1/2018 1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 3,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 3,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H09052872	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 ALL POLICIES EXCEPT WC/EL INCLUDE A BLANKET AUTOMATIC ADDITIONAL INSURED ENDORSEMENT (PROVISION) THAT PROVIDES ADDITIONAL INSURED STATUS TO THE CERTIFICATE HOLDER ONLY IF THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE CERTIFICATE HOLDER THAT REQUIRES SUCH STATUS. ALL POLICIES INCLUDE A BLANKET WAIVER OF SUBROGATION ENDORSEMENT (PROVISION) THAT PROVIDES THIS FEATURE ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE CERTIFICATE HOLDER THAT REQUIRES SUCH STATUS. ALL POLICIES INCLUDE A BLANKET NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS ENDORSEMENT, PROVIDING FOR 30 DAYS' ADVANCE NOTICE IF THE POLICY IS CANCELLED BY THE COMPANY OTHER THAN FOR NONPAYMENT OF PREMIUM, 10 DAYS' NOTICE IF THE POLICY IS CANCELLED FOR NONPAYMENT OF PREMIUM. NOTICE IS SENT TO CERTIFICATE HOLDERS WITH MAILING ADDRESSES ON FILE WITH THE AGENT OR THE COMPANY. THE ENDORSEMENT DOES NOT PROVIDE FOR NOTICE OF CANCELLATION IF THE NAMED INSURED REQUESTS CANCELLATION.

CERTIFICATE HOLDER

CANCELLATION

14634377 CITY OF LA MARQUE 1109-B BAYOU ROAD LA MARQUE TX 77568	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 
--	---



Aon Risk Services Southwest, Inc.
5555 San Felipe St., Suite 1500
Houston, TX 77056

Shanna Lopez
WASTE MANAGEMENT OF TEXAS, INC.
3520 Pansy Street
Pasadena, TX, 77505

RE: Bond No. 30013060
CITY OF LA MARQUE

Dear Shanna:

Enclosed please find the above referenced bond executed at your request in the amount of \$2,251,059.71, dated October 3, 2017 for CITY OF LA MARQUE.

Please forward the original to CITY OF LA MARQUE and retain a copy for your files.

If you have any questions or need further assistance, please contact the Financial Assurance department at your Corporate office; contact information is:

- Diana Seng 713-265-1322

Sincerely,

Misty Wright

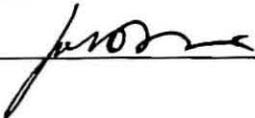
enclosures
2613220

PROVIDED, FURTHER, that no final settlement between the City of La Marque and the Contractor shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this 3rd day of October, 2017.

PRINCIPAL:

Waste Management of Texas, Inc.

By 

Title John S. Tsai

V.P. & Assistant General Counsel

Address 3520 Pansy Street, Pasadena, TX 77505

SURETY:

Western Surety Company

By 

Title Misty Wright, Attorney-in-Fact

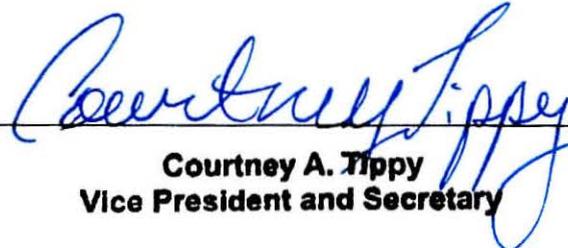
Address 333 South Wabash Avenue, Floor 22 Chicago IL 60604

NOTE: Date of Bond must not be prior to date of Agreement. If Contractor is Partnership, all partners should execute Bond.

1. Waste Management of Texas Inc principles to provide the following certificate:

CERTIFICATE AS TO Corporate PRINCIPAL

I, Courtney Tippy, certify that I am secretary of the Corporation named as principal in the within Bond, that John S. Tsai who signed the said Bond on behalf of the principal, was then V.P. & Assistant Gen. Coun. of said Corporation; that I know his signature, and his signature thereto is genuine; and that said Bond was duly signed, sealed, and attested for and in behalf of said Corporation by authority of its governing body.

 (Corporate Seal)
Courtney A. Tippy
Vice President and Secretary

2. Surety shall provide a current power of attorney.
3. Date of Bond and surety power-of-attorney must not be dated prior to date of Agreement.
4. Surety companies executing bonds must appear on the Treasury Departments most current list (Circular 570 amended) and be authorized to transact business in the State of Texas.

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Lupe Tyler, Lisa A Ward, Wendy W Stuckey, Michael J Herrod, Nancy Thomas, Donna L Williams, Melissa L Fortier, Anoop Chawla Adlakha, Vanessa Dominguez, Misty Wright, Individually

of Houston, TX, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 17th day of July, 2017.



WESTERN SURETY COMPANY

Paul T. Bruflat
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 17th day of July, 2017, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
June 23, 2021



J. Mohr
J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 3rd day of October, 2017.



WESTERN SURETY COMPANY

L. Nelson
L. Nelson, Assistant Secretary



Western Surety Company

- **IMPORTANT NOTICE**

To obtain information or make a complaint:

- You may call Western Surety Company's toll-free telephone number for information or to make a complaint at

1-800-233-8800

- You may also write to Western Surety Company at

P. O. Box 655908
Dallas TX 75265-5908

or

P. O. Box 5077
Sioux Falls, SD 57117-5077

- You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

- You may write the Texas Department of Insurance

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771

- **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim, you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

- **ATTACH THIS NOTICE TO YOUR POLICY OR BOND:**

This notice is for information only and does not become a part or condition of the attached document.