

# RECEIPT

DATE 05/31/24

No. 654460

RECEIVED FROM Complete Disposal Service, LLC \$ 350.00

Three Hundred Fifty and 00/100 DOLLARS

FOR RENT DE-SW-1653  
 FOR \_\_\_\_\_

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM # 1781 TO \_\_\_\_\_  
BY E.W.



STATE OF DELAWARE  
 DEPARTMENT OF NATURAL RESOURCES  
 AND ENVIRONMENTAL CONTROL  
 DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
 COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
 DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
 FAX: (302) 739-5060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference:

**Instructions:** You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control  
 Compliance and Permitting Section  
 89 Kings Highway  
 Dover, DE 19901

**1. Type of Permit**

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- Renewal: Permit # DE-SW- 1653 Expiration Date \_\_\_\_\_

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

**SCRAP TIRES ONLY**

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

**ALL OTHERS**

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

**2. Release to Public**

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?  Yes  No

**3. Company Information**

Company Name Complete Disposal Service LLC

Location Address:	Mailing Address:
<u>18265 Deer Forest Rd</u>	<u>PO Box 203</u>
<u>Georgetown DE 19947</u>	<u>Nassau DE 19969</u>

Contact: Jonathan Davis Title: Owner  
Business Phone: 302-448-1021 Fax: N/A  
E-mail: complete.disposal.service@gmail.com  
24 hr Emergency Contact Phone: 302-448-1021


**4. Company Ownership Information**

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
 Municipality  
 Public institution  
 Limited Liability Corporation (LLC) State: DE  
 Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment Jonathan Davis 100%  Owner

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

Attachment \_\_\_\_\_  
 No parent company

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment 18265 Deer Forest Rd., Georgetown, DE. 19947  
 No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment \_\_\_\_\_  
 No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste  
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
 Industrial waste (from a manufacturing or industrial process)  
 Dry waste:  construction/demolition debris  
 trees/stumps  
 other (must specify) \_\_\_\_\_  
 Ash:  municipal incinerator  
 coal ash  
 other (must specify) \_\_\_\_\_  
 Infectious waste  
 Non-hazardous petroleum-hydrocarbon contaminated soils  
 Asbestos-containing waste  
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware?  Yes  No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers?  Yes  No  N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?  Yes  No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?  Yes  No



**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste?  Yes  No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
  - Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment N/A
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment \_\_\_\_\_
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# \_\_\_\_\_ MC# \_\_\_\_\_

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

*My Trucks don't leave the state of Delaware*

**10. Proof of Financial Responsibility**

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce?  Yes  No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No
- (c). Do you transport Interstate?  Yes  No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

### 11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment Spill Control Plan

### 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment Years of experience, 10 years of experience for Jonathan Davis and Wayne Glasgow has over 10 years of experience. We are the only Drivers address this and we are a small owner operator.

### 13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

**NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.**

Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached?  Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2  
 Form 1099-Misc  
 Other

### 15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment Ticket NO: T97800101  
 No violations within the specified time period

### 16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

\*\*Signature [Signature] Date 5/31/24  
Print Name Jonathan Davis Title Owner

**\*\* A legal owner or corporate officer must sign the application \*\***



## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6). Cat litter
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). Tire
  - 2). Leaks
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: Jonathan Davis Phone: 302-448-1021
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers *must* be included in the spill control plan.)  
Maryland: N/A  
New Jersey: N/A
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.



VEHICLE IDENTIFICATION LIST DE-SW-1653

Make	Model	Year	Serial Number	License Plate Number	State of Registration	Manufacturer	GVWR	Ownership
Mack	GU713	2012	1M2AX04C9CM014086	C43946	DE		73,280	BMDCMD INC.
Freightliner	FD1	2004	1FVHAEAS14DM37067	C43810	DE		65,000	BMDCMD INC.
Freightliner	M2	2019	3ALACWFC3KDKB0313	C19400	DE		26,000	BMDCMD INC.

VEHICLE OPERATOR

<b>NAME: FIRST</b>	<b>NAME: LAST</b>	<b>DOB</b>	<b>LICENSE NUMBER</b>
Jonathan	Davis		
Wayne	Glasgow		

STATE OF DELAWARE  
UNIFORM COMPLAINT AND SUMMONS

COUNTY OF SUSSEX  
CITY OR TOWN OF GEORGETOWN  
VOLUNTARY ASSESSMENT CENTER

The undersigned, being duly sworn, upon his oath, deposes and says:

RECIPIENT

On: 5/31/2024 at 0836  
Name: JONATHAN T DAVIS  
Address: [REDACTED]  
Date of Birth/Age: [REDACTED]

VEHICLE

Vehicle Registration: C19400 State: Delaware Expires: 11/15/2025  
Year: 2019 Make: Freightliner, Inc. Model: M2 Color: Black VIN: 3ALACWFC3KDKB0313

OWNER

Owner's Name: BMDCMD, INC  
Owner's Address: 18265 DEER FOREST RD GEORGETOWN 19947

VIOLATION(S) - 1

Sequence No.: 001 - DE 07 § 6003 00A4 V - TRANSPORTATION, STORAGE, OR COLLECTION OF SOLID  
WASTE WITHOUT PERMIT  
LANDFILL LN and HARDCRABBLE RD Georgetown, Sussex County Grid: 128078

TOTAL AMOUNT DUE: \$165.00

Seat Belts: Yes Driver Distraction: None  
Hazardous Materials: No Commercial Vehicle: No Accident Involved: No

Officer: A. CARPENTER Officer IBM: 9710 Agency: DNRP-ENVIRONMENTAL CRIMES

Clip and Return this portion with your payment  
Ticket Instructions, go to <http://deljis.delaware.gov/eticketinstructions.shtml>  
To Pay On-Line, go to <http://COURTPAY.DELAWARE.GOV>  
NOTE: Include the ".GOV" when entering the above website into browser for official "welcome to ePayment" Service.

DATE OF INFRACTION: 5/31/2024 TICKET NO.: T972400101 AGENCY: 97  
NAME: JONATHAN T DAVIS  
TOTAL AMOUNT DUE: \$ 165.00 DUE DATE: 6/30/2024

MC: \_\_\_\_\_ VISA: \_\_\_\_\_ DISCOVER: \_\_\_\_\_ CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CARD VERIFICATION CODE: \_\_\_\_\_  
(3 digits on back of card):

CARDHOLDER NAME (Print): \_\_\_\_\_

CARDHOLDER ADDRESS (Print): \_\_\_\_\_  
\_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

MAIL CHECK OR MONEY ORDER PAYMENTS TO:  
State of Delaware Justice of the Peace Court, P.O. Box 7039, Dover, DE 19903-7039

MAIL CREDIT CARD PAYMENTS TO:  
VOLUNTARY ASSESSMENT CENTER, P.O. BOX 7039, Dover, DE 19903

DE-SW-1653

Recipient Copy

Permitting 302-739-9403

**AUTO LEASE AGREEMENT**

THIS AGREEMENT WAS ENTERED INTO ON 1/1/24 BETWEEN BMDCMD INC. FROM NOW ON KNOW AS THE "OWNER", AND COMPLETE DISPOSAL SERVICE LLC FROM NOW ON KNOW AS THE "LESSEE" FOR VEHICLES LISTED AS FOLLOWS BY SERIAL NUMBER:

1M2AXO4C9CM014086

1FVHAEAS14DM37067

3ALACWFC3KDKB0313

IN THE TOTAL SUM OF \$7,400.00 PER MONTH DUE BY THE 28<sup>TH</sup> OF EACH MONTH.

**MAINTENANCE AND INSURANCE**

THE LESSEE IS TO MAINTAIN THE VEHICLES AS LONG AS THIS LEASE IS IN PLACE INCLUDING GENERAL MAINTENANCE, TAGS, PERMITS AND ANYTHING ELSE THE VEHICLES MAY NEED. LESSEE IS RESPONSIBLE TO INSURE THE VEHICLES AND TO MAKE SURE THE VEHICLES ARE ROAD WORTHY.

**RISK OF LOSS**

LESSEE ASSUMES AND AGREES TO BEAR THE ENTIRE RISK OF LOSS OF, THEFT OF, DAMAGE TO OR DESTRUCTION OF THE VEHICLES FROM ANY CAUSE WHATSOEVER. IN THE EVENT OF SUCH OCCURRENCE TO A VEHICLE, LESSEE SHALL GIVE THE OWNER PROMPT NOTICE OF THE OCCURRENCE AND THEREAFTER WILL PLACE THE VEHICLE IN GOOD REPAIR, CONDITION AND WORKING ORDER.

OWNER

BMDCMD INC



KENNETH DAVIS

DATE 1/1/24

LESSEE

COMPLETE DISPOSAL SERVICE LLC.



JONATHAN DAVIS

DATE 1/1/24



## Davis, DaQuan (DNREC)

---

**From:** Jon Davis <completedisposalservice@gmail.com>  
**Sent:** Friday, May 31, 2024 2:08 PM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Fwd: Certificate of Insurance  
**Attachments:** Certificate.pdf

Sent from my iPhone

Begin forwarded message:

**From:** Heather Chickadel <hchickadel@lwinsurance.com>  
**Date:** May 31, 2024 at 11:24:41 AM EDT  
**To:** completedisposalservice@gmail.com  
**Subject:** Certificate of Insurance

Please let me know if you need anything else.

Thanks,

**Heather Chickadel, CISR**  
**Commercial Account Executive**  
[hchickadel@lwinsurance.com](mailto:hchickadel@lwinsurance.com)  
3705 Kennett Pike, Greenville, DE 19807  
 [\(302\) 674-3500](tel:(302)674-3500).ext 249 |  [\(302\)-674-2909](tel:(302)674-2909) (fax)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/31/2024

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> L & W Insurance Inc. PO Box 918 Dover DE 19903	<b>CONTACT NAME:</b> Heather Chickadel <b>PHONE (A/C, No, Ext):</b> 302-674-3500 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : United Financial Casualty Co</td> <td>11770</td> </tr> <tr> <td>INSURER B : Nautilus Ins Co</td> <td>17370</td> </tr> <tr> <td>INSURER C :</td> <td></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 : United Financial Casualty Co	11770	INSURER B : Nautilus Ins Co	17370	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :															
INSURER F :															

**INSURED** Complete Disposal Service LLC  
 BMDCMD Inc.  
 Jon Davis  
 PO BOX 203  
 Nassau DE 19969

COMPDIS-01

**COVERAGES** **CERTIFICATE NUMBER:** 1040512165 **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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NN1675149	3/25/2024	3/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		02775341	12/15/2023	12/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  Delaware Department of Natural Resources and Environmental Control 89 Kings Hwy Dover DE 19901	<b>CANCELLATION</b>  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 