

RECEIPT

DATE 06/14/24

No. 654471

RECEIVED FROM Hooked Disposal, LLC \$ 350.00

Three Hundred Fifty and 00/100 — DOLLARS

FOR RENT
 FOR DE-SW-1901

ACCOUNT		
PAYMENT		
BAL. DUE		

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM # 1074 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- 000778 Expiration Date JUNE 30, 2024

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 HOOKED DISPOSAL LLC.

Location Address:	Mailing Address:
<u>23 STURBRIDGE DR.</u>	<u>96 SCHOOLHOUSE LANE</u>
<u>WILMINGTON, DE 19810</u>	<u>GLEN MILLS, PA 19342</u>

Contact: ANTHONY NEPI Title: PRESIDENT

Business Phone: 302-588-1144 Fax: _____

E-mail: HOOKED302@GMAIL.COM

24 hr Emergency Contact Phone: _____

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 _____

(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 _____
 No Delaware locations

23 STURBRIDGE DR.
WILMINGTON, DE 19810

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 _____
- 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# 3720277 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.

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:

	FOR-HIRE INTERSTATE	ALL OTHERS
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 checked="" 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 ✓

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 ✓

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 _____
 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  Date 5-30-24
Print Name ANTHONY NEPE Title PRESIDENT

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

Attachment A

To: Delaware Solid Waste Authority
1128 S. Bradford Street
Dover, DE 19904

I hereby apply for a Solid Waste Collectors License for the period of July 1, 20²⁴ through June 30, 20²⁶ in accordance with the Regulations of the Delaware Solid Waste Authority. Accordingly, the following is submitted: *Note: This application will not be processed unless all requested information is provided and deemed complete, including;*

1. Proof of insurance as required by section 3.04;
2. Minimum Bond or Surety, as required by Section 3.10; and,
3. A copy of your Delaware Business License.

1. Applicant: (Individual or Firm Name) HOOKED DISPOSAL LLC

2. Doing business as: (name to appear on License) _____

3. Business Office Information: (one phone number must be a Delaware number)

OFFICE A:

23 SNYBRIDGE DR. 302-250-6820
Street Area code - Phone number

WILMINGTON DE 19810
City State Zip Code

ANTHONY NEPI
Name of Individual having administrative responsibility at this location

OFFICE B:

Street Area code - Phone number

City State Zip Code

Name of Individual having administrative responsibility at this location

4. Answering service if applicable:

Name of service

Street Area code - Phone number

City State Zip Code

Name of Individual having administrative responsibility at this location

5. Registered Agents or Authorized Representatives:

A: ANTHONY NEPI
 Name
96 SCHOOLHOUSE LN.
 Street
GLEN MILLS PA 19342
 City State Zip Code

B: GLEN CLARKE
 Name
23 STURBRIDGE DR.
 Street
WILMINGTON DE 19810
 City State Zip Code

6. Type of business: Sole Proprietorship Partnership Municipality Corporation*
 * If Non-Delaware Corporation, provide proof of Delaware Registration

7. Date business was established: _____

8. Delaware Business License number: (contact Division of Revenue) _____

9. DNREC Transporter Permit number: 000778

10. Federal Taxpayer Identification number: _____

11. Owners or partners in unincorporated business. Indicate percentage of ownership:

A: _____
 Name Percentage

 Street City State Zip Code

B: _____
 Name Percentage

 Street City State Zip Code

C: _____

Name

Percentage

Street

City

State

Zip Code

12. Officers, Directors, Shareholders holding in excess of 10% of issued Stock in incorporated business:

A:

Name

Percentage

Street

City

State

Zip Code

B:

Name

Percentage

Street

City

State

Zip Code

C:

Name

Percentage

13. Indicate if any partnership or corporation other than applicant has any interest, direct or indirect, in the License applied for, or in the business conducted under such License. (If so, state names, addresses, and interest of the partnerships, corporations, and principals involved, indicating the nature and extent of the interest.)

Not applicable Applicable, provide details:

14. Indicate if any individual, partnership or corporation other than applicant receives or will receive (by way of rent, salary, or otherwise) all or any portion of percentage of the gross or net profits or income derived from business conducted under License applied for:

Not applicable Applicable, provide details:

15. Indicate if your company or parent company has ever been convicted of civil or criminal offences concerning waste transporting, processing, or disposal.

No Yes (Provide details: Use the back of this sheet or separate sheet if necessary)

16. Indicate if the applicant, any person mentioned in this application, or any person having a beneficial interest in the application has ever been denied a License to collect solid waste.

Not applicable Applicable, provide details:

17. State general area served by applicant:

STATE OF DELAWARE

CHESTER COUNTY, PA DELAWARE COUNTY, PA

18. Indicate days of the week collections are made:

Mon Tue Wed Thu Fri Sat Sun

19. Daily average weight of Household solid waste collected: 5 Tons

20. Daily average weight of Municipal solid waste collected: 0 Tons

21. Daily average weight of Commercial/Industrial solid waste collected: 0 Tons

22. Other solid waste collected: 5 Tons.

23. Indicate location(s) where solid waste is being or will be delivered:

Type of Waste	Location Delivered
HOUSEHOLD ITEMS, CLEAN OUTS	CHERRY ISLANDS LANDFILL
CONSTRUCTION AND DEMOLITION	REVOLUTION RECOVERY NEW CASTLE, DE

24. Statement of experience in solid waste collection, transportation, and/or disposal:

3 YEARS IN DUMPSTER BUSINESS

25. Consent to inspections:

The applicant hereby agrees and consents to the inspection at any time or place, by any employee of the Delaware Solid Waste Authority who presents identification of his/her status as an employee of DSWA, of any vehicle owned or operated on behalf of the applicant which displays a License Sticker issued by DSWA. Unless otherwise prohibited by law, the applicant also hereby agrees and consents to the inspection, by any employee of DSWA, of any container used for the deposit of any material which the applicant may transport with a vehicle which displays a License Sticker issued by DSWA.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT AND THAT I HAVE READ AND AM FAMILIAR WITH THE REQUIREMENTS OF THE REGULATIONS OF THE DELAWARE SOLID WASTE AUTHORITY.

I SPECIFICALLY UNDERSTAND AND AGREE TO BE BOUND BY SECTION 4.01, IF APPLICABLE, WHICH REQUIRES CONTRACTORS WHO COLLECT OR HAUL SOLID WASTE PURSUANT TO A CONTRACT WITH A MUNICIPALITY (INCLUDING TOWNS, CITIES, COUNTIES, STATE AGENCIES, ETC.) TO DELIVER SUCH SOLID WASTE TO A DSWA FACILITY.

5-30-24
Date

Anthony Nepi
Signature of Applicant

PRESIDENT
Title

ANTHONY NEPI
Printed or typed name of Applicant

STATE OF Delaware

COUNTY OF New Castle

Before me appeared Anthony Nepi, who under oath certifies that the information provided in this application is true and correct.

5/30/2024
Date

Ashley M. Clarke
Notary Public

17 DE Reg. 313 (09/01/13)

ASHLEY M. CLARKE
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires January 8, 2026

This page must be notarized

Davis, DaQuan (DNREC)

From: Anthony <hooked302@gmail.com>
Sent: Friday, June 28, 2024 3:09 PM
To: Davis, DaQuan (DNREC)
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: department_of_natural_resources_and_environmental_control_15272390-2.pdf

Attached.

On Fri, Jun 28, 2024 at 2:22 PM Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Please provide this by June 30, 2024, to avoid a lapse in your permit.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

daquan.davis@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Thursday, June 27, 2024 8:13 AM

To: Anthony <hooked302@gmail.com>

Subject: RE: Delaware Solid Waste Transporter Permit

Can you please send me a certificate of insurance with that policy number (04231272)?

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daqvan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Anthony <hooked302@gmail.com>

Sent: Wednesday, June 26, 2024 4:30 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit

Yes. Attached.

On Wed, Jun 26, 2024 at 2:22 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi,

Do you have automotive liability insurance?

From: Anthony <hooked302@gmail.com>

Sent: Tuesday, June 25, 2024 3:49 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit

COI attached.

Thank you!

On Tue, Jun 25, 2024 at 3:13 PM Anthony <hooked302@gmail.com> wrote:

Ok. I will get the updated COI over as soon as possible.

We are not for hire. We only transport construction dumpsters with construction debris in them.

On Tue, Jun 25, 2024 at 2:15 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi,

There are still some things still missing:

- The Certificate of insurance is expired please provide one that is up-to-date and has DNREC as the certificate holder. Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 1990.
- *For-hire* means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (mc #) and an MCS-90 endorsement form that matches the automotive liability policy number on the UpToDate Certificate of Insurance.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Anthony <hooked302@gmail.com>

Sent: Monday, June 24, 2024 4:07 PM

To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Please see attached.

On Fri, Jun 14, 2024 at 4:03 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Nepi,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- Item 4(b)- Missing ownership information. Please provide the owner's name, title, date of birth, and percentage of ownership.
- Item 9(b)- No other state solid waste transporter permit was provided. Please provide them.
- Item 9(c) – No MC# was submitted please provide this.
- Item 10- No certificate of insurance was submitted please provide this. No MCS-90 endorsement form was submitted please provide this.
- Item 11- No spill control plan was submitted please provide this.
- Item 12- No driver training was submitted please provide this.
- Item 14- No list of vehicle operators was submitted please provide this.

Please provide the information requested above via e-mail within five (5) days.

Sincerely,



DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



--
Anthony Nepi - President

Hooked Disposal LLC.

302-588-1144

HookedDisposal.com

Instagram: @hookedisposal

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Instagram: @hookeddisposal

Anthony Nepi - President
Hooked Disposal LLC.
302-588-1144
HookedDisposal.com
Instagram: @hookeddisposal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2024

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).

PRODUCER Drass Insurance Agency, Inc. 5700 Kirkwood Hwy Ste 202 Wilmington DE 19808	CONTACT NAME: Michell Gallagher PHONE (A/C, No, Ext): (302) 998-1331 E-MAIL ADDRESS: michell@drassinsurance.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Hooked Disposal LLC 23 Sturbridge Road Wilmington DE 19810	INSURER A: ATLANTIC CAS INS CO NAIC # 42846	
	INSURER B: UNITED FNCL CAS CO 11770	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES**CERTIFICATE NUMBER:****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 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L390000018-2	11/01/2023	11/01/2024	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	\$ INCLUDED
B	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			04231272	11/07/2023	11/07/2024	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 1,000,000
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED 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						PER STATUTE	OTH-ER
							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)

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Enviromental Control 89 Kings Highway Dover DE 19901	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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HOOKED DISPOSAL LLC

Owner List:

Anthony Nepi – President
96 Schoolhouse Lane
Glen Mills, PA 19342
50% Ownership

Glen Clarke – Vice President
23 Sturbridge Dr.
Wilmington, DE 19810
50% Ownership

Locations:

Primary:
23 Sturbridge Dr.
Wilmington, DE 19810

Mailing:
96 Schoolhouse Ln.
Glen Mills, PA 19342

Driver Training:

-We are a small company with 1 truck and 1 driver. Our company takes safety very seriously and consider safety a top priority. We have dash cameras and GPS location services that provide feedback and notifications if any concerning driving incidents occur.

Driver List:

Mark Skibicki

SPILL CONTROL PLAN

1) Spill control equipment and safety equipment carried in the vehicle:

- Reflectors and flares
- Fire extinguisher
- First Aid kit
- Heavy duty gloves and hardhat
- Flashlight
- 5 gallon bucket
- absorbent pads
- absorbent sock
- rubber gloves
- trash bags

2) All loads will be enclosed, covered and tarped once loaded on the truck.

3) Pre-trip inspection for leaks: Prior to starting the truck walk around and check the perimeter and undercarriage of the truck. Start the truck and let it come up to temperature and check for leaks again as the engine warms up.

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: **Anthony Nepi 302-250-6820**

5) If the accident or spill has the potential cause environmental damage the driver or owner will call the state emergency response team: Delaware: 302-739-9401

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2022

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 ISSUED. 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. 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 Drass Insurance Agency, Inc. 205 N. James Street Newport DE 19804	CONTACT NAME: Michell L. Gallagher PHONE (A/C, No, Ext): (302) 998-1331 FAX (A/C, No): (302) 998-2802 E-MAIL ADDRESS: michell@drassinsurance.com																					
INSURED Hooked Disposal LLC 23 Sturbridge Road Wilmington DE 19810	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A: ATLANTIC CASUALTY INSURANCE COMPANY</td> <td colspan="2" style="text-align: center;">42846</td> </tr> <tr> <td>INSURER B: UNITED FINANCIAL COMPANY</td> <td colspan="2" style="text-align: center;">11770</td> </tr> <tr> <td>INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: ATLANTIC CASUALTY INSURANCE COMPANY	42846		INSURER B: UNITED FINANCIAL COMPANY	11770		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** **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	
						PER STATUTE	OTH-ER
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		L390000018-0	10/27/2021	10/27/2022	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		04231272-0	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					AGGREGATE	\$
						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)

CERTIFICATE HOLDER Delaware Solid Waste Authority 1128 South Bradford Street Dover DE 19904	CANCELLATION 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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Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

OMB No: 2126-0008
Expiration: 05/31/2024
Form MCS-90 Revised 06/03/2021

USDOT Number: 3720277 Date Received: _____

**FORM MCS-90
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to HOOKED DISPOSAL LLC
(Motor Carrier name)

of 23 STURBRIDGE ROAD WILMINGTON, DE 19810
(Motor Carrier state or province)

Dated at 03:22 PM on this 9th day of March, 2022
Amending Policy Number: CA 04231272-0 Effective Date: 03/09/2022
Name of Insurance Company: United Financial Cas Co

Countersigned by: 
Authorized company representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-444-4487.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.



2072257581

TRUCK

**WH22072
EXP APR 2025**

VIN 1M2MDBABXNS070758

PA W T S P

DEP-\$25B



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2024

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PRODUCER Drass Insurance Agency, Inc. 5700 Kirkwood Hwy Ste 202 Wilmington DE 19808		INSURER A: ATLANTIC CAS INS CO 42846	
INSURER B: UNITED FNCL CAS CO 11770		INSURER F:	
INSURER C:		INSURER E:	
INSURER D:		INSURER: DE 19810	
INSURER(S) AFFORDING COVERAGE E-MAIL: michell@drassinsurance.com ADDRESS: PHONE (A/C, No., ext): (302) 998-1331 FAX (A/C, No.):		NAIC #	

COVERAGES

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.

LTNR	TYPE OF INSURANCE	INSURANCE NUMBER	POLICY NUMBER	START DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	AGGREGATE LIMIT	OTHER LIMITS
X	COMMERCIAL GENERAL LIABILITY	L390000018-2	11/01/2023	11/01/2024		EACH OCCURRENCE \$1,000,000 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 \$ INCLUDED	
	AUTOMOBILE LIABILITY					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$	
	UMBRELLA LIAB					EACH OCCURRENCE \$ AGGREGATE \$	
	EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					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)						

CERTIFICATE HOLDER

Department of Natural Resources and Environmental Control 89 Kings Highway Dover DE 19901	AUTHORIZED REPRESENTATIVE <i>Michele Drass</i>
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	

CANCELLATION

INSURANCE IDENTIFICATION CARD

(STATE) **DELAWARE**

COMPANY NUMBER
11770

COMPANY



COMMERCIAL



PERSONAL

UNITED FINANCIAL CASUALTY CO

POLICY NUMBER
04231272

EFFECTIVE DATE
11/07/2023

EXPIRATION DATE
11/07/2024

YEAR
2022

MAKE/MODEL

MACK MD7

VEHICLE IDENTIFICATION NUMBER

1M2MDBABXNS070758

AGENCY/COMPANY ISSUING CARD

Drass Insurance Agency, Inc.

5700 Kirkwood Hwy

Ste 202

Wilimington

DE 19808

INSURED

Hooked Disposal LLC

23 STURBRIDGE DR

WILMINGTON DE 19810

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**