RECEIPT	C DATE 07/08/24 No.	654499
	o Contracting Corp.	\$350.00
Three HI	unded Fifty and of	16U - DOLLARS
OFOR PENT DE-S	SW-1684	15 7
ACCOUNT	CASH	-x
PAYMENT	CHECK FROM # 3/9/ TO _	
BAL. DUE	CREDIT BY E.W.	3-11

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# 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 conclusion of \$75.00.	check or money order, payable to the "State of
	□ New – ALL OTHERS Submit a check or the amount of \$350.00.  Renewal: Permit # DE-SW-	money order, payable to the "State of Delaware" in  Expiration Date $9 - 30 - 24$
	Please indicate the term for which you desi order, payable to the "State of Delaware,":	re your permit to be issued. Submit a check or money for the indicated permit fee.
	SCRAP TIRES ONLY	ALL OTHERS
	☐ One Year - \$75.00	One Year - \$350.00
	☐ Two Years - \$125.00	☐ Two Years - \$650.00
	☐ Three Years - \$175.00	☐ Three Years - \$950.00
	☐ Four Years - \$225.00	☐ Four Years - \$1250.00
	☐ Five Years - \$275.00	☐ Five Years - \$1550.00

2.	ease		

	Do Del	you wish to be included on the list of transpolaware permitted solid waste transporters?	orters that is provided to persons requesting a list of Yes 🗹 No
3.	Co	mpany Information	
	Cor	mpany Name Cocco Contracting Corp	
Lo	catio	n Address:	Mailing Address:
		201 Saville Avenue	201 Saville Avenue
		Eddystone, PA 19022	Eddystone, PA 19022
Coı	ntact:	Lois E. Cocco Titl	e: President
Bus	sines		c: 610-874-7955
E-n	nail:	coccocontracting@aol.com	
241	hr En	nergency Contact Phone: 610-874-4646	
4.	Соп	npany Ownership Information	
	(a).	Please indicate the company type:  Proprietorship Partnership Corporation - If company is a corporation	on, indicate city, state, and date of incorporation.
	8	City: Eddystone State  Municipality Public institution Limited Liability Corporation (LLC) St. Other: (must specify)	
	(b).	For each Owner, Partner, or Corporate Of	ficer, attach a list with name, title, mailing address, stockholders owning greater than 5% outstanding
		Attachment next page	
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownershi	parent company, attach parent company name, p.
		☐ Attachment  No parent company	

Solid Waste Transporter Application Page  $\bf 3$  of  $\bf 6$ 

5. Company locations in Delaware

	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment 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, recover or reclamation. (Affiliated companies are defined as those companies owned by the same owner 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) Residential Cleanouts  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?
	(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.	Tre	atment, Storage, and Disposal Facilities						
	(a).	Do you cross state lines with the waste? 🗹 Yes 🔲 No						
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, Facilities and Transfer Stations to which the waste will be tra						
		Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facil Delaware Recyclable Products, Inc. (dry waste, commer Other in-state solid waste facilities, including private fac Out of state solid waste TSD facilities: (attachment)	ity for PHC-soils) cial, industrial, and PHC-soils) cilities: (attachment)					
9.	Oth	er Transporter Permits						
	(a).	Attach a copy of your home state solid waste transporter permome state.)	nit. (N/A if Delaware is your					
		✓ Attachment PA  Not applicable-No transporter permit required for these so	olid 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	er:					
		DOT# 1468076 MC# 11397	19					
		□ 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.						
		required to have a BOT of title hamber.						
		required to have a BO t of the hamour.						
10.	Proo	f of Financial Responsibility						
10.	The Delay		be established by a Certificate of y other means approved by the tment of Natural Resources and					
10.	The polar Insur Depa Environment (a).	f of Financial Responsibility  ransporter must submit proof of financial responsibility avare's Regulations Governing Solid Waste. This proof may ance, with MCS-90 endorsement where applicable, or between the Certificate of Insurance must identify the Depart	be established by a Certificate of y other means approved by the tment of Natural Resources and the certificate holder.)  For-Hire means you are in the					

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

	FOR-HIR INTERSTA		ALL OTHERS
Residential Waste	\$750,000.00 + N	1CS-90 □	\$350,000.00
Commercial Waste	750,000.00 + N	1CS-90 □	\$350,000.00
Industrial Waste	750,000.00 + N	1CS-90 □	\$350,000.00
Dry Waste	750,000.00 + N	ICS-90 □	\$350,000.00
Ash	750,000.00 + N	1CS-90 □	\$350,000.00
Infectious Waste	1,000,000.00 + N	1CS-90 □	\$750,000.00 + MCS-90 □
Non-Hazardous Petroleum Contaminated Soils	750,000.00 + N	1CS-90 □	\$350,000.00
Asbestos	\$1,000,000.00 + N (For Hire & Pri		\$350,000.00
Scrap Tires Only	\$350,000.00		\$350,000.00

#### 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	1	
	,		

#### 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  ✓ Form W-2  ☐ Form 1099-Misc  ☐ Other	vehicle operators?

#### 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.

ш	Att	achment _					
V	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.

submitting faise information.		120/01/
**Signature Tois & Cocco	_ Date _	6/20/27
Print Name Lois E. Cocco	Title	PRESIDENT
Print Name	_ <sup>11tte</sup> _	11000100101

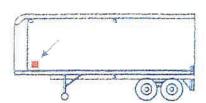
<sup>\*\*</sup>A legal owner or corporate officer must sign the application \*\*

VEHICLE INFORMATION - See Item 13 of the application.

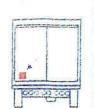
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

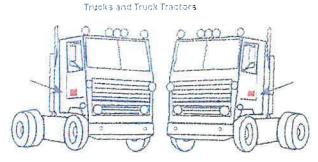
OWNERSHIP												
mfgr's GVWR	25500	25500	25999	25999	25999	25999						
LICENSE PLATE # and STATE mfgr's of REGISTRATION GVWR	YVM 8654 PA	YVR 9340 PA	YWS 0009 PA	YXL 5371 PA	ZJZ 4683 PA	AMT 5573 PA						
VIN # (Serial Number)	1HTMMAAM87H41592	1HTMMAAM37H415695	1HTMMAAM57H433504	1HTMMAAM09H166002	HTMMMMLXGH41513;	1HTEUMML2KH290772						
TYPE	Roll-Off	Roll-Off	Roll-Off	Roll-Off	Roll-Off	Roll-Off						
MAKE - MODEL - YEAR	International - 2007	International - 2007	International - 2007	International - 2009	International - 2016	International - 2019						

Apply stickers to a clean dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Waste Trail歌a





Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

161



### COMMONWEALTH OF PENNSYLVANIA

1217256921

Waste Transportation Safety Program
Written Authorization

Phone No. (610)-874-3400

VIN# 1HTMMAAM87H415692 WH11217 Expires Feb 2025

COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512

TK 23

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation are not valid.

### CAUTION! REMOVE STICKERS CAREFULLY.



APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.

2. Remove Sticker From Carrier Sheet.

3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



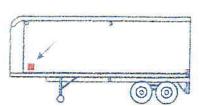
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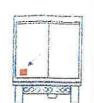
Applied stickers take 24 hours to reach full tack

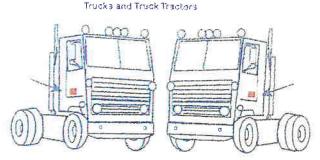
Apply stickers to a clean, dry surface, It may take 24 hours for adhesive to reach full tack. Do not

remove stickers once they are applied.



Waste Trailers





Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram

165



### COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program
Written Authorization

Phone No. (610)-874-3400

VIN# 1HTMMAAM37H415695 WH11217 Expires Feb 2025

1217256951

COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512

TK 24

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation are not valid

### CAUTION! REMOVE STICKERS CAREFULLY.

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APPLICATION INSTRUCTIONS

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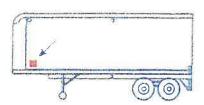


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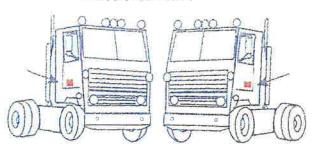
Applied stickers take 24 hours to reach full tack

White State order

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.







Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram

167



### COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program
Written Authorization

Phone No. (610)-874-3400

VIN# 1HTMMAAM57H433504 WH11217 Expires Feb 2025

1217255041

COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512

TK 26

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation are not valid.

### CAUTION! REMOVE STICKERS CAREFULLY.

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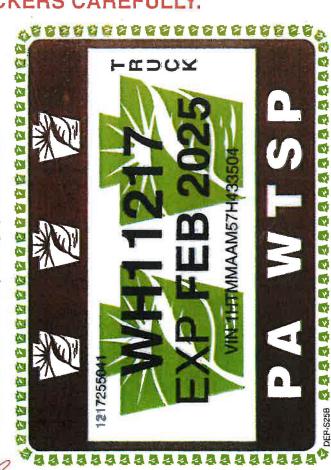
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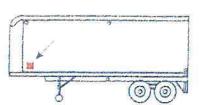


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Applied stickers take 24 hours to reach full tack

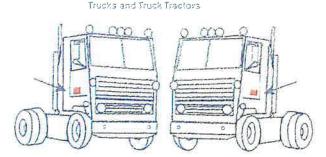
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Apply stickers to a clean dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Waste Fraildes





Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

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### COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program

Written Authorization

1217250021

Phone No. (610)-874-3400

VIN# 1HTMMAAM09H166002 WH11217 Expires Feb 2025

COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512

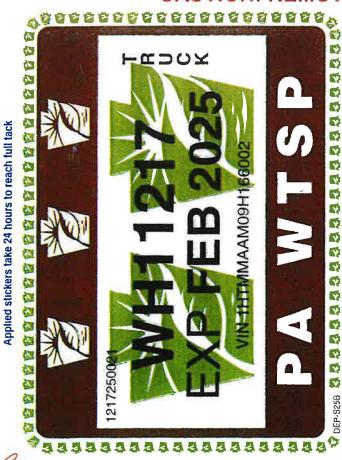
TK27

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation are not valid.

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APPLICATION INSTRUCTIONS

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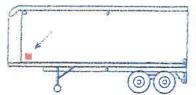
2. Remove Sticker From Carrier Sheet.

3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

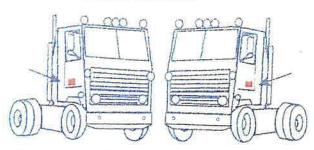
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Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.



### COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217251331

Phone No. (610)-874-3400

TK 28

VIN# 1HTMMMMLXGH415133 WH11217 Expires Feb 2025

COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

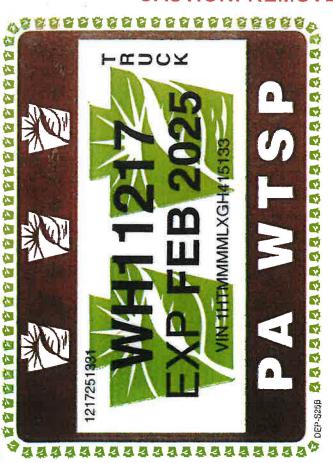
If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation

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Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.

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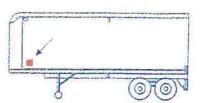
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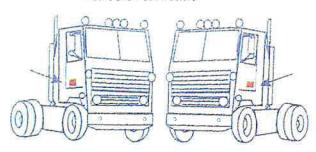
Applied stickers take 24 hours to reach full tack

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.





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Each qualified waste vehicle is issued two (2) stickers, Place the stickers on the vehicle as shown in the diagram.

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### COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program
Written Authorization

Phone No. (610)-874-3400

VIN# 1HTEUMML2KH290772 WH11217 Expires Feb 2025

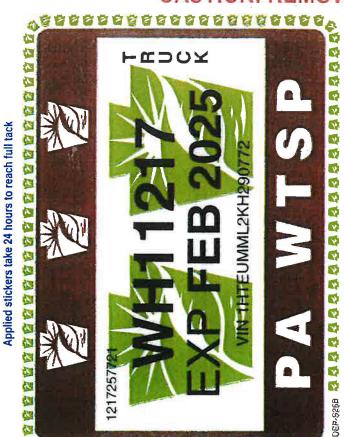
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COCCO CONTRACTING CORP. LOIS COCCO 201 SAVILLE AVE EDDYSTONE, PA 19022-1512 TK 29

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-733-9258. A replacement fee is required Duplication or Photocopies of this original documentation are not valid.

### CAUTION! REMOVE STICKERS CAREFULLY.

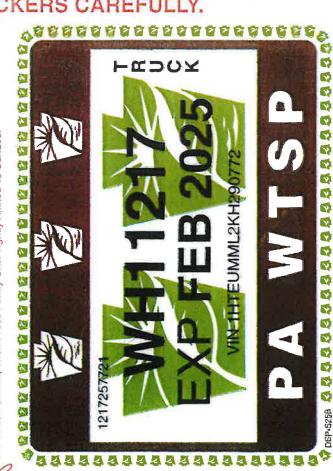


APPLICATION INSTRUCTIONS

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### 100 % Ownership

Lois E. Cocco - President



### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

<ol> <li>Spill control and safety equipment carried in each vehicle:         <ol> <li>Reflectors and/or flares</li> <li>Fire extinguisher</li> <li>First aid kit</li> <li>Heavy-duty gloves, hard hat</li> <li>Flashlight</li> </ol> </li> </ol>
(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). 2). ATTA Ched
(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: Donald Griffith Phone: 616-874-4646
(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: MARYLAND New Jersey: NARYLAND New Jersey: NARY
(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.

### **Cocco's Container Pretrip Inspection Procedure**

Purpose: Insure all vehicles in container service are operationally safe and road worthy.

Scope: This procedure encompasses all Cocco vehicles hauling containers.

#### 1)Lift hood of vehicle

Check oil
Check serpentine belt for ware and tear and proper tension
Check Fluids
Anti freeze
Window washing fluid
Brake Fluid

#### 2)Walk around inspection

Check proper tire pressure by thumping each tire

(turn ignition key on)Turn on all lights and flashers confirm they work properly

Inspect all mounts, (saddle boxes and hook) making sure they are secure

Check Mirrors and windows for cracks or gouges, clean as needed

#### 3) Cab inspection

Start Engine

Make sure all gauges work properly

Address any trouble indicator lights that may light up on the dash bord

Confirm safety equipment is on board and operational

Confirm you have appropriate number of bungee cords and a tarp

#### **DRIVER TRAINING**

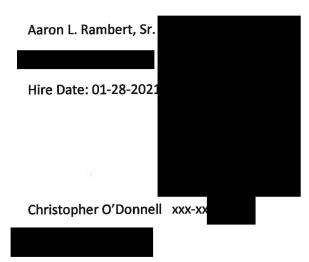
Drivers have a physical medical examination for their medical vehicle card.

Drivers work hours to have the proper rest so that they don't impair their ability to drive and operate trucks.

Drivers have random drive-along with an experienced driver from management.

Drivers are trained before officially being hired by experienced driver personnel in safety, maintenance of trucks, spill control handling procedures and solid waste transporter safety guidelines.

#### **DRIVER LIST**



Hire Date: 5-23-2023

Tymeir B. Bush xxx-xx-

Hire Date: 9-02-2020

Devin L. Rambert xxx-xx

Hire Date: 6-12-2019



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2024

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).

this certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ch end	orsement(s)				
PRODUCER					Tracey N	<b>AcGinley</b>			
Universal Insurance Group, LLC				PHONE (A/C, No	, Ext): (610)	572-2900 10	)5   FAX (A/C, No)	(610)	572-2998
2098 West Chester Pike, Suite 102 Broomall, PA 19008				E-MAIL ADDRES	ss: Tconnor	@Universa	linsgrp.com		
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	RA: Berkley	Mid Atlant	tic Group		32603
INSURED							ny of the West		27847
Cocco Contracting Corpora	tion			INSURE	RC:				
201 Saville Avenue	LIOII			INSURE					
Eddystone, PA 19022				INSURE					
				INSURE					
COVERAGES CER	TIFIC	ΔΤΕ	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMI FAIN. CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECLIO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ	
A X COMMERCIAL GENERAL LIABILITY		2.7.			1,2		EACH OCCURRENCE	s	1,000,000
CLAIMS-MADE X OCCUR			CPA4567380		4/12/2024	4/12/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
	1 1						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:								\$	
A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO			CAA4567381		4/12/2024	4/12/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	5,000,000
X EXCESS LIAB CLAIMS-MADE	J. I		CPA4567380		4/12/2024	4/12/2025	AGGREGATE	\$	5,000,000
DED X RETENTION\$ 0							Large I Lorge	\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		500 000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WPH 5040793 06		4/12/2024	4/12/2025	E.L. EACH ACCIDENT	\$	500,000
							E.L. DISEASE - EA EMPLOYE	\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below					1/10/0001	4/40/0005	E.L. DISEASE - POLICY LIMIT	\$	500,000
A Equipment Floater			CPA4567380		4/12/2024	4/12/2025	Leased Rented		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance	LES (A	CORI	0 101, Additional Remarks Schedu	le, may b	e attached if moi	re space Is requi	red)		
CERTIFICATE HOLDER				CANC	ELLATION				
Department of Natural Reso Solid and Hazardous Contro Management Branch 89 Kings Highway Dover, DE 19001		and	l Environmental Control	SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE THE POLICE	ESCRIBED POLICIES BE ( IEREOF, NOTICE WILL CY PROVISIONS.	ANCEL BE DE	LED BEFORE
DOVER, DE 15001				The	rg Hi Gentey	*			
				-					

#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

COMPANY

X COMMERCIAL

PERSONAL

32603

Berkley Mid Atlantic Group

POLICY NUMBER CAA4567381 EFFECTIVE DATE 04/12/2024

NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2007 INTERNATIONAL 4000

1HTMMAAM87H415692

AGENCY/COMPANY ISSUING CARD

Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER

TK 2

(610) 572-2900

INSURED

Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

**WARNING:** Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

#### NOTE - THIS CARD IS REQUIRED WHEN:

- 1. You are involved in an auto accident.
- You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police 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.

ACORD 50 PA (2007/09)

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#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD X COMMERCIAL PERSONAL NAIC NUMBER COMPANY **Berkley Mid Atlantic Group** 32603 EFFECTIVE DATE NOT VALID MORE THAN ONE (1) POLICY NUMBER YEAR FROM EFFECTIVE DATE CAA4567381 04/12/2024 VEHICLE IDENTIFICATION NUMBER YEAR MAKE/MODEL **INTERNATIONAL 4000** 1HTMMAAM37H415695 2007 AGENCY/COMPANY ISSUING CARD Universal Insurance Group, LLC TK 24 AGENCY/COMPANY TELEPHONE NUMBER (610) 572-2900

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

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#### NOTE - THIS CARD IS REQUIRED WHEN:

Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512

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INSURED

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#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD X COMMERCIAL PERSONAL. NAIC NUMBER COMPANY **Berkley Mid Atlantic Group** 32603 EFFECTIVE DATE NOT VALID MORE THAN ONE (1) POLICY NUMBER YEAR FROM EFFECTIVE DATE CAA4567381 04/12/2024 VEHICLE IDENTIFICATION NUMBER YEAR MAKE/MODEL 1HTMMAAM09H166002 2009 **INTERNATIONAL 4000** AGENCY/COMPANY ISSUING CARD Universal Insurance Group, LLC TK27 AGENCY/COMPANY TELEPHONE NUMBER (610) 572-2900 INSURED Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

**WARNING:** Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

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

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#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD X COMMERCIAL NAIC NUMBER 32603 **Berkley Mid Atlantic Group** POLICY NUMBER EFFECTIVE DATE NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE CAA4567381 04/12/2024 MAKE/MODEL VEHICLE IDENTIFICATION NUMBER YEAR 2016 **INTERNATIONAL 4000** 1HTMMMMLXGH415133 AGENCY/COMPANY ISSUING CARD Universal Insurance Group, LLC TK 28 AGENCY/COMPANY TELEPHONE NUMBER (610) 572-2900 INSURED **Cocco Contracting Corp** 201 Saville Ave Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

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#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD X COMMERCIAL PERSONAL COMPANY NAIC NUMBER Berkley Mid Atlantic Group 32603 NOT VALID MORE THAN ONE (1) POLICY NUMBER EFFECTIVE DATE YEAR FROM EFFECTIVE DATE CAA4567381 04/12/2024 VEHICLE IDENTIFICATION NUMBER YEAR MAKE/MODEL 2007 INTERNATIONAL 4000 1HTMMAAM57H433504 AGENCY/COMPANY ISSUING CARD Universal Insurance Group, LLC AGENCY/COMPANY TELEPHONE NUMBER TK 26 (610) 572-2900 INSURED Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

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#### PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

COMBANY

X COMMERCIAL

DERSONAL

32603

**Berkley Mid Atlantic Group** 

POLICY NUMBER CAA4567381 04/12/2024

NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2019

MARE/MODE

1HTEUMML2KH290772

AGENCY/COMPANY ISSUING CARD

Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER

(610) 572-2900

INSURED

Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512

**INTERNATIONAL MV607** 

TK29

SEE IMPORTANT NOTICE ON REVERSE SIDE

### THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

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#### Davis, DaQuan (DNREC)

From:

coccocontracting@aol.com

Sent:

Tuesday, July 16, 2024 2:38 PM

To:

WHStransporters

Subject:

Re: Delaware Solid Waste Transporter Permit

**Attachments:** 

page 7 (Vehicle list).pdf

Good afternoon DaQuan,

I attached the vehicle list which now includes ownership info.

Have a good rest of the day, Annette Marino

On Tuesday, July 16, 2024 at 11:23:21 AM EDT, WHStransporters <whstransporters@delaware.gov> wrote:

Yes, you can redo the vehicle list page.

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: coccocontracting@aol.com <coccocontracting@aol.com> Sent: Tuesday, July 16, 2024 11:05 AM To: WHStransporters <whstransporters@delaware.gov> Subject: Re: Delaware Solid Waste Transporter Permit</whstransporters@delaware.gov></coccocontracting@aol.com>
Godd morning DaQuan,
All of the trucks are 100% owned by Mrs. Lois Cocco, President
Would you like me to send you the registrations or redo that page item?
Thank you,
Annette Marino
Office Administrator
Cocco Contracting Corp
On Tuesday, July 16, 2024 at 09:33:40 AM EDT, WHStransporters < <u>whstransporters@delaware.gov</u> > wrote:
Hi Mr. Cocco,
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 item listed below:
<ul> <li>Item 13- the vehicle list is missing the ownership status of each vehicle please update and add.</li> </ul>
Please provide the information requested above via e-mail within five (5) days.

#### 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



VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE mfgr's of REGISTRATION GVWR	mfgr's GVWR	OWNERSHIP
International - 2007	Roll-Off	1HTMMAAM87H415692	YVM 8654 PA	25500 Lois	Lois E Cocco /Cocco Contracting
International - 2007	Roll-Off	1HTMMAAM37H415695	YVB 9340 PA	25500 Lois	Lois E Cocco /Cocco Contracting
International - 2007	Roll-Off	1HTMMAAM57H433504	YWS 0009 PA	25999 Lois	Lois E Cocco /Cocco Contracting
International - 2009	Roll-Off	1HTMMAAM09H166002	YXL 5371 PA	25999 Lois	Lois E Cocco /Cocco Contracting
International - 2016	Roll-Off	HTMMMMLXGH41513;	ZJZ 4683 PA	25999 Lois	Lois E Cocco /Cocco Contracting
International - 2019	Roll-Off	1HTEUMML2KH290772	ZMT 5573 PA	25999 Lois	Lois E Cocco /Cocco Contracting
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