

RECEIPT

DATE 07/24/24

No. 654515

RECEIVED FROM Abbonizio Transfer, Inc.

\$ 350.00

Three Hundred Fifty and 00/100 DOLLARS

FOR RENT
 FOR DE-SW-1531

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM #12471 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- 1531 Expiration Date 9/30/2024

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

ALL OTHERS

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

- 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 ABBONIZIO TRANSFER INC

Location Address:	Mailing Address:
429 S GOVERNOR PRINTZ BLVD	PO BOX 166
LESTER PA 19029	LESTER PA 19029

Contact: KAREN ABBONIZIO Title: OWNER

Business Phone: 610-521-3010 Fax: _____

E-mail: ABBONIZIOTRANS@AOL.COM

24 hr Emergency Contact Phone: 484-437-9358

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: SPRINGHOUSE State: PA Date: 11/2000
 Municipality
 Public institution
 Limited Liability Corporation (LLC) State: _____
 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

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 PA
 - 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 PA
- No transporter permits in other states

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

DOT# 985898 MC# 891273

- 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 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 checked="" 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 Karen Abbonzio Date 6/14/2024
Print Name KAREN ABBONIZIO 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). STEEL TIP BOOTS
- (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). WALK AROUND
 - 2).
- (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: KAREN ABBONIZIO Phone: 610-521-3010
- (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:
New Jersey:
- (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.

Microfilm Number _____
Entity Number 2974428

Filed with the Department of State on NOV 27 2001
Kim D'Amico
Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

Abbonizio Transfer, Inc.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW.

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306) _____ Management (15 Pa.C.S. § 2702).
- _____ Business-nonstock (15 Pa.C.S. § 2102) _____ Professional (15 Pa.C.S. § 2903)
- _____ Business-statutory close (15 Pa.C.S. § 2303) _____ Insurance (15 Pa.C.S. § 3101)
- _____ Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Abbonizio Transfer, Inc.
2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
 (a) 909 N. Bethlehem Pike, Suite 200 Spring House PA 19477 Montgomery
Number and Street City State Zip County
 (b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Pennsylvania Business Corporation Law of 1988.
4. The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach 8 1/2 X 11 sheet)
5. The name and address, including number and street, if any, of each incorporator is:

NAME	MAILING ADDRESS
<u>Ern M. Ericson</u>	<u>909 N. Bethlehem Pike, Suite 200 P.O. Box 785, Spring House, PA 1947</u>
_____	_____

6. The specified effective date, if any, is: upon filing
month day year hour, if any

10:16 AM 12/7/01

DSCB:15-1308/2102/2303/270

10/31/01/7102A (Rev 91)-2

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of an of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed the Articles of Incorporation this 20th day of November, 20 00.

Erin M. Ericson
(Signature)

	NAME OF SHAREHOLDER	RESIDENCE ADDRESS	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)
				CERTIF. NOS.	NO. SHARES	
	Karen Abbonizio	[REDACTED]	12/05/00	1	1,000	Original
A						
B						
C						
D						
228						
23						
24						
25						

**ABBONIZIO TRANSFER INC
SPILL PLAN**

Before each day each driver must walk around truck to:

- Check Tires
- Check Tarp
- Check Lights
- Check Back-up Lights & Alarms
- Check Fuel Gauge
- Check Automatic Tarping System

Trip Reports **must** be filled out every day

Driver Vehicle Inspection Reports **must** be filled out every day

Each truck is equipped with:

- Fire Extinguisher
- Shovel
- Flares
- Safety Cones

Truck in loading process:

- Make sure loads are even
- Make sure Tarp is cover loads & side of truck
- Check Tires

Incase of Emergency:

- Driver is to pull over
- Access the damage
- Call 911
- Call Karen Abbonizio 484-437-9358
- Karen Abbonizio will then call insurance company

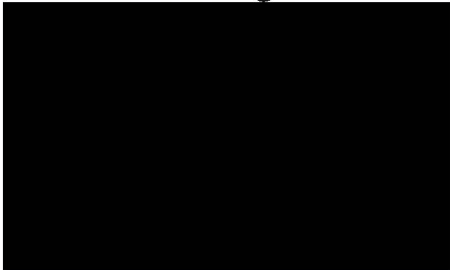
Driver is to be drug tested with 4-8 hours of accident
Police accident report

If there is a spilled load the following should happen:

- Karen Abbonizio will contact the proper people to conduct the clean up. Depending on location depends on who will be bought in.

ABBONIZIO TRANSFER DRIVERS LIST
6/10/2024

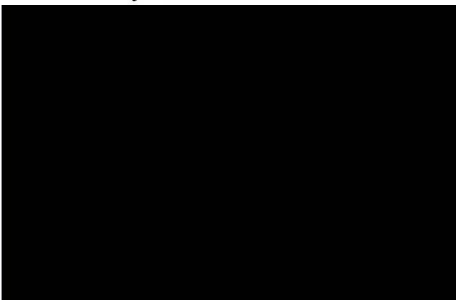
Andrew D Barger



William Boyle

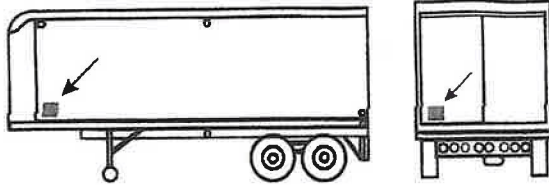


Anthony Corradetti

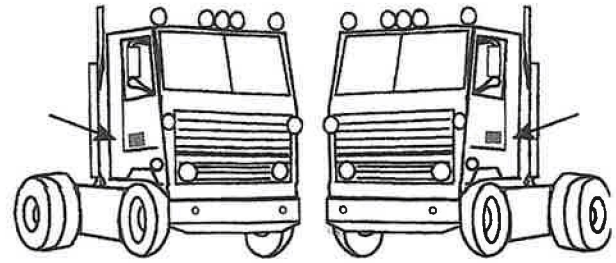


Waste Trailers

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.



Trucks and Truck Tractors



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

343



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

6592250871

Phone No. (610) 521-3010

VIN# 1NPCL40X9KD614087
WH16592
Expires Sep 2025

ABBONIZIO TRANSFER, INC.
KAREN ABBONIZIO
PO BOX 166
ESSINGTON, PA 19029-0166

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.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



DEP-S25B

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.



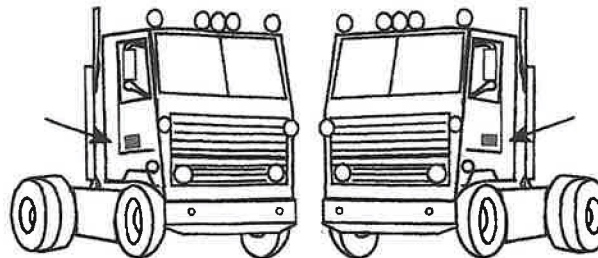
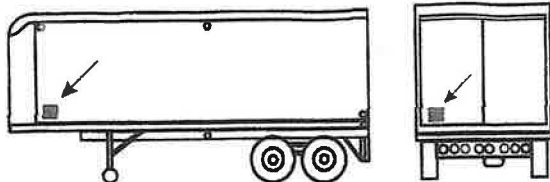
DEP-S25B



Waste Trailers

Trucks and Truck Tractors

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

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

341



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

6592251081

Phone No. (610) 521-3010

VIN# 1NPTX4EX9JD461108
WH16592
Expires Sep 2025

ABBONIZIO TRANSFER, INC.
KAREN ABBONIZIO
PO BOX 166
ESSINGTON, PA 19029-0166

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DEP-S25B

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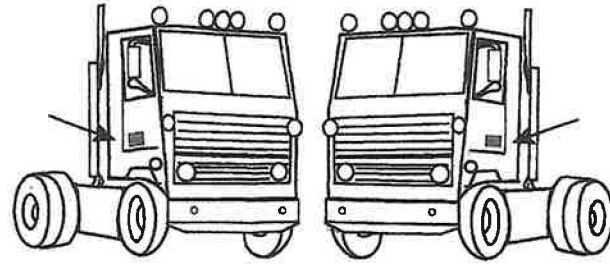
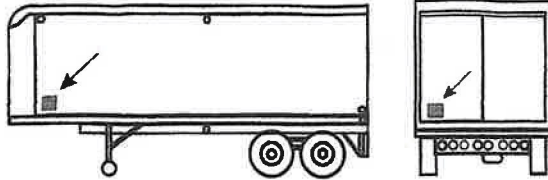
DEP-S25B



Waste Trailers

Trucks and Truck Tractors

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342



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

6592254621

Phone No. (610) 521-3010

VIN# 1M2GR3GC9PM031462
WH16592
Expires Sep 2025

ABBONIZIO TRANSFER, INC.
KAREN ABBONIZIO
PO BOX 166
ESSINGTON, PA 19029-0166

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2024

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 Robert McIntyre Insurance, Inc. 420 E. Lancaster Ave. St. Davids PA 19087	CONTACT NAME: Debra Patterson PHONE (A/C, No, Ext): (610) 687-5757 E-MAIL ADDRESS: DMP@mcintyreins.com	FAX (A/C, No): (610) 687-5801
	INSURER(S) AFFORDING COVERAGE	
INSURED Abbonizio Transfer Inc P.O. Box 166 Lester PA 19029	INSURER A: United Financial Casualty Co	NAIC # 11770
	INSURER B: Sirius America Ins Co.	NAIC # 38776
	INSURER C:	
	INSURER D:	
	INSURER E:	

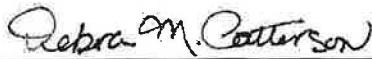
COVERAGES**CERTIFICATE NUMBER:** Jan 2024**REVISION NUMBER:**

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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			959726559	07/13/2023	07/13/2024	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 \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			959726559	07/13/2023	07/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 Y	N/A	WC50583	08/19/2023	08/19/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Auto includes MCS-90 endorsement

CERTIFICATE HOLDER**CANCELLATION**

Dept of Natural Resources & Environmental Control Solid Waste Mgmt 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2024

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 Robert McIntyre Insurance, Inc. 420 E. Lancaster Ave. St. Davids PA 19087	CONTACT NAME: Debra Patterson	PHONE (A/C, No, Ext): (610) 687-5757	FAX (A/C, No): (610) 687-5801
	E-MAIL ADDRESS: DMP@mcintyreins.com		
INSURED Abbonizio Transfer Inc P.O. Box 166 Lester PA 19029	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Financial Casualty Co		11770
	INSURER B: Sirius America Ins Co.		38776
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: Jan 2024

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.

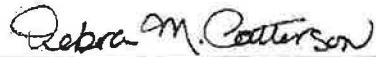
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			959726559	07/13/2023	07/13/2024	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 \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input checked="" type="checkbox"/> AUTOS ONLY HIRED <input checked="" type="checkbox"/> AUTOS ONLY 19 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			959726559	07/13/2023	07/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 \$ \$
B	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 Y	N/A	WC50583	08/19/2023	08/19/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Auto includes MCS-90 endorsement

CERTIFICATE HOLDER

CANCELLATION

Dept of Natural Resources & Environmental Control Solid Waste Mgmt 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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Davis, DaQuan (DNREC)

From: Karen Abbonizio <abboniziotrans@aol.com>
Sent: Monday, July 29, 2024 10:15 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: 2024 Delaware Solid Waste Permit20240729_10103994.pdf; 2024 Cab Cards20240729_10081932.pdf; MCS90 202420240729_09583173.pdf; 1-Dept of Natural Resources.pdf; Driver Training.doc

Please see attached.

Karen Abbonizio

On Wednesday, July 24, 2024 at 04:02:16 PM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Hi Ms. Abbonizio,

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:

- Section 9(b)- Do you have any other state solid waste permit besides PA?
- Section 10- The certificate of Insurance (COI) you submitted is not up to date. Please provide one that is.
- Section 10- Please provide the MCS-90 endorsement form.
- Section 12- No driver training was submitted please provide this.
- Section 13- The vehicle list is missing the state of registration for each vehicle please provide this.

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

Thank you,

DaQuan Davis

Driver Training/Safety Program

7/2024

Driver Requirements before Hire

- Each driver hired by Abbonizio Transfer Inc., must have at least five (5) years drivers experience
- Each driver must have a CDL license, Medical Examiners Certificate
- Each driver must have clean driving record. His or her drivers license is checked each year upon insurance renewal
- Each driver is road tested
- Each driver gets one day drive along

Drug Testing

- After ANY accident the driver **MUST** be drug tested within 6 hours - must be DOT drug test.

Violations/Citations/Tickets

- Driver will be responsible for any violations/citations/tickets that are brought on due to negligence of the driver.

Damage to Vehicle/Accidents

- First accident Abbonizio Transfer Inc will pay. Second accident it will be split 50/50. Third accident the driver will be terminated.

Mandatory Clothing

- Safety vest, hard hats, steel tip boots are required. (Safety vest & hard hats provided by Abbonizio Transfer Inc.)
- Lights must be on at all times while vehicle is running

****NO CELL PHONE USE WHILE VEHICLE IS MOVING****

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 PA
 - 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# 985898 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 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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/17/2024

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.

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PRODUCER Robert McIntyre Insurance, Inc. 420 E. Lancaster Ave. St. Davids PA 19087		CONTACT NAME: Debra Patterson PHONE (A/C, No, Ext): (610) 687-5757 FAX (A/C, No): (610) 687-5801 E-MAIL ADDRESS: DMP@mcintyreins.com	
INSURED Abbonizio Transfer Inc P.O. Box 166 Lester PA 19029		INSURER(S) AFFORDING COVERAGE INSURER A: United Financial Casualty Co NAIC # 11770 INSURER B: Sirius America Ins Co. 38776 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: July 2024 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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			959726559	07/13/2024	07/13/2025	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 \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			959726559	07/13/2024	07/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 Y	N/A	WC50583	08/19/2023	08/19/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto includes MCS-90 endorsement

CERTIFICATE HOLDER Dept of Natural Resources & Environmental Control Solid Waste Mgmt 89 Kings Highway Dover DE 19901	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: 985898 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 Abbonizio Transfer Inc
(Motor Carrier name)
of 416 GOVERNOR PRINTZ BLVD LESTER, PA 19029
(Motor Carrier state or province)

Dated at 06:29 AM on this 15th day of July, 2024
Amending Policy Number: CA 959726559 Effective Date: 07/13/2024
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.





For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

ABBONIZIO TRANSFER INC
PO BOX 166
ESSINGTON, PA 19029-0166

LICENSE PLATE: **AH31702** VALIDATION DATE: **06/01/2024** EXPIRES: **08/31/2025**

ACCOUNT NO: 00040903	FLEET NO: 1	SUPP NO: 0	USDOT NO: 000985898	ISSUE DATE: 06/07/2024	EQUIPMENT NO: T270		
YEAR: 2023	MAKE: MACK	VIN: 1M2GR3GC9PM031462	UNLADEN WEIGHT: 19,360 LBS	GROSS VEH WT 73,280 LBS	GROSS COMB WT: 80,000 LBS		
REGISTRANT NAME: ABBONIZIO TRANSFER INC STREET ADDRESS: 416 N GOVERNOR, PRINCE BLVD CITY, STATE, ZIP: ESSINGTON, PA 19029			TYPE: TK	AXLES: 4	SEATS: 0	FUEL: D	WGT CLASS: 25
OWNER: ABBONIZIO TRANSFER INC				TITLE NO: 84964426	O. CODE: FOR		

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
A	80,000	AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000
DC	80,000	DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000
IN	80,000	KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000
NE	80,000	NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000
OK	80,000	OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000
UT	80,000	VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000
AB	36,287	BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287
PE	36,287	QC	6 AXL	SK	36,287	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

I/We hereby acknowledge this day that I/We have received notice of provisions of Section 3709 of the Vehicle Code.

Abbonzio
SIGNATURE

MOTOR CARRIER RESPONSIBLE FOR SAFETY
ABBONIZIO TRANSFER INC
PO BOX 166
LESTER, PA 19029

Safety USDOT Number: 000985898



PENNSYLVANIA'S LITTERING LAW - Section 3709 of the Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.



For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

ABBONIZIO TRANSFER INC
PO BOX 166
ESSINGTON, PA 19029-0166

LICENSE PLATE: **AH11816** VALIDATION DATE: **06/01/2024** EXPIRES: **08/31/2025**

ACCOUNT NO: 00040903	FLEET NO: 1	SUPP NO: 0	USDOT NO: 000985898	ISSUE DATE: 06/07/2024	EQUIPMENT NO: T250		
YEAR: 2018	MAKE: PETE	VIN: 1NPTX4EX9JD461108	UNLADEN WEIGHT: 20,637 LBS	GROSS VEH WT 0 LBS	GROSS COMB WT: 80,000 LBS		
REGISTRANT NAME: ABBONIZIO TRANSFER INC STREET ADDRESS: 416 N GOVERNOR, PRINCE BLVD CITY, STATE, ZIP: ESSINGTON, PA 19029			TYPE: TT	AXLES: 3	SEATS: 0	FUEL: D	WGT CLASS: 25
OWNER: ABBONIZIO TRANSFER INC				TITLE NO: 78137706	O. CODE: FOR		

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000	DC	80,000
DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000	IN	80,000
KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000	MI	80,000
MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000	NE	80,000
NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000	OK	80,000
OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000	UT	80,000
VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000	AB	36,287
BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287	PE	36,287
QC	5 AXL	SK	36,287	**	****	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct. The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

I/We hereby acknowledge this day that I/We have received notice of provisions of Section 3709 of the Vehicle Code.

K Abbonizio
SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
ABBONIZIO TRANSFER INC
PO BOX 166
LESTER, PA 19029

Safety USDOT Number: 000985898



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MV-106(4-14)

IRP CAB CARD

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ABBONIZIO TRANSFER INC
PO BOX 166
ESSINGTON, PA 19029-0166

LICENSE PLATE: **AH08396** VALIDATION DATE: **06/01/2024** EXPIRES: **08/31/2025**

ACCOUNT NO: 00040903	FLEET NO: 1	SUPP NO: 0	USDOT NO: 000985898	ISSUE DATE: 06/07/2024	EQUIPMENT NO: T-260		
YEAR: 2019	MAKE: PETE	VIN: 1NPCL40X9KD614087	UNLADEN WEIGHT: 18,538 LBS	GROSS VEH WT 80,000 LBS	GROSS COMB WT: 80,000 LBS		
REGISTRANT NAME: ABBONIZIO TRANSFER INC STREET ADDRESS: 416 N GOVERNOR, PRINCE BLVD CITY, STATE, ZIP: ESSINGTON, PA 19029			TYPE: TK	AXLES: 4	SEATS: 0	FUEL: D	WGT CLASS: 25
OWNER: ABBONIZIO TRANSFER INC			TITLE NO: 80447444		O. CODE: FOR		

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
A	80,000	AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000
DC	80,000	DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000
IN	80,000	KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000
NE	80,000	NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000
OK	80,000	OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000
UT	80,000	VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000
AB	36,287	BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287
PE	36,287	QC	5 AXL	SK	36,287	**	****	**	****	**	****	**	****

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SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
ABBONIZIO TRANSFER INC
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