

RECEIPT

DATE 08/06/24

No.

654531RECEIVED FROM Fishers Environmental, LLC\$350.00Three Hundred Fifty and 0/100 DOLLARS FOR RENT FORDE-SW-1497

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

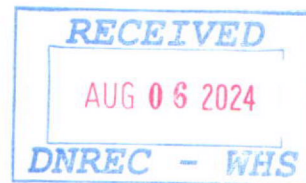
FROM

007436

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: English

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- 1497 Expiration Date Sept. 30, 2024

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name Fishers Environmental, LLC

Location Address:	Mailing Address:
809 Maryland Avenue	Same as location
Delmar, MD 21875-2569	

Contact: Lance G. Fisher Title: President

Business Phone: 443-359-5192 Fax: 443-359-5747

E-mail: lance@fishersenvironmental.com

24 hr Emergency Contact Phone: 410-251-3274

4. Company Ownership Information

(a). Please indicate the company type:

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

City: _____ State: _____ Date: _____

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: Maryland
- 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 A

(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) B
 - 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) B

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 C
 - 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 C
- No transporter permits in other states

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

DOT# 2407836 MC# _____

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input checked="" 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 D

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 E

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

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

- Attachment _____
 No violations within the specified time period

16. Certification

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

**Signature  _____ Date 7-22-24
Print Name Lance G. Fisher Title President

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

ATTACHMENT A

PARTNERSHIP INFORMATION:

<u>NAME/ADDRESS</u>	<u>FEIN</u>	<u>OWNERSHIP</u>	<u>TITLE</u>
Lance G. Fisher [REDACTED]	46-2587756	100.00%	Owner

OFFICER INFORMATION:

<u>NAME/ADDRESS</u>	<u>TITLE</u>	<u>DATE OF BIRTH</u>
Lance G. Fisher [REDACTED]	President	[REDACTED]

ATTACHMENT B

Delaware Solid Waste Authority Locations:

- DSWA – Southern Jones Crossroads Landfill – Georgetown, DE
- DSWA – Northern Cherry Island Landfill – Wilmington, DE

Out of State Solid Waste TSD facilities utilized:

- Republic Services – King & Queen Landfill – Little Plymouth, VA

ATTACHMENT C

WASTE TRANSPORTER PERMITS HELD IN OTHER STATES

None

PROOF OF FINANCIAL RESPONSIBILITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2024

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 CBM Insurance Agency, LLC 100 W. Commons Blvd, Ste 302 New Castle DE 19720	CONTACT NAME: Kathleen Coburn PHONE (A/C, No, Ext): 302-322-2261 FAX (A/C, No): 302-322-8285 E-MAIL ADDRESS: kcoburn@cbmins.com												
INSURER(S) AFFORDING COVERAGE													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: American Interstate Insurance Company</td> <td style="width: 20%; text-align: center;">31895</td> </tr> <tr> <td>INSURER B: Selective Insurance Company of Southeast</td> <td style="text-align: center;">39926</td> </tr> <tr> <td>INSURER C: Admiral Insurance Company</td> <td style="text-align: center;">24856</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: American Interstate Insurance Company	31895	INSURER B: Selective Insurance Company of Southeast	39926	INSURER C: Admiral Insurance Company	24856	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Admiral Insurance Company	24856												
INSURER D:													
INSURER E:													
INSURER F:													
INSURED Fishers Environmental LLC 809 Maryland Ave Delmar MD 21875	FISHENV-01												

COVERAGES **CERTIFICATE NUMBER: 569507018** **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														
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			FEI-ECC-35453-01	5/11/2024	5/11/2025	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	\$																				
A	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 N/A			SVWCMD3273762024	5/11/2024	5/11/2025	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<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						
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C	Pollution Liability Professional Liability			FEI-ECC-35453-01	5/11/2024	5/11/2025	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Limit Each Condition</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Limit Each Claim</td><td style="text-align: right;">\$1,000,000</td></tr> </table>	Limit Each Condition	\$1,000,000	Limit Each Claim	\$1,000,000										
Limit Each Condition	\$1,000,000																				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 State of Delaware is an additional insured with respects to general liability on a primary and non-contributory basis when required by written contract with insured. Waiver of subrogation in favor of additional insured applies on general liability and workers compensation when required by written contract with insured.

CERTIFICATE HOLDER State of Delaware 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
--	--

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.

ENDORSEMENT FOR

MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

FORM MCS-90

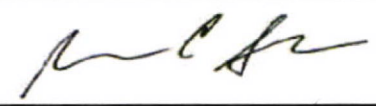
FISHERS ENVIRONMENTAL LLC
809 MARYLAND AVE
DELMAR, MD 21875-2569

Issued to FISHERS ENVIRONMENTAL LLC of DELMAR, MD 21875-2569
(Motor Carrier name) (Motor Carrier State or Province)

Dated at MID ATLANTIC REGION on this 02 day of MAY, 2024

Amending Policy No. S 2479926 Effective date: May 11, 2024

Name of Insurance Company SELECTIVE INSURANCE COMPANY OF S.E.

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 1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$0 for each accident in excess of the underlying limit of \$0 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: 1-800-777-9656.

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, DC).

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

40000FS 2479926 363

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 the 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 (Non-hazardous)	\$ 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.

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ATTACHMENT D

FISHERS ENVIRONMENTAL, LLC

Spill Control and Safety Plan

**SPILL CONTROL PLAN
(for Waste Haulers)**

1. Spill control and safety equipment carried in each vehicle:
 - A. Triangular reflective devices
 - B. Fire extinguisher
 - C. First aid kit
 - D. Shovel
 - E. Heavy-duty gloves
 - F. Heavy-duty trash bags
 - G. Liquid absorbent
 - H. Small hand spray bottles
 - I. Encapsulant
 - J. Disposable TYVEK suits
 - K. 6-mil polyethylene sheeting
 - L. 2" duct tape and spray glue
 - M. Spare fuses
2. For dry waste, such as construction/demolition debris, all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
3. Asbestos waste will be placed in double-bagged 6-mil plastic bags, which are sealed, properly labeled and readied for disposal. To prevent possible contamination of the transport vehicle, the cargo area is covered with two layers of 6-mil polyethylene sheeting before the waste is loaded onto the vehicle. Asbestos loads are enclosed, covered or tarped as an additional precaution against accidental discharge of waste during transport to the disposal facility. At the disposal facility, bags of waste are off-loaded. The cargo area is inspected for visible debris or any sign of a spill. In addition to the visual inspection, once a month, a PCM (phase contrast microscopy) air sample is taken in the cargo area to document air quality. In the event of contamination to the vehicle, asbestos abatement procedures would be performed in accordance with Federal, State and local regulations.
4. In the event of an accident or other unforeseen emergency during transportation which results in a waste spill, the driver will take immediate steps to contain and clean-up the waste in accordance with Federal, State and local regulations. If additional personnel and equipment are necessary to clean-up site, the driver shall immediately contact at least one of the following people:

<u>Name</u>	<u>Phone</u>
Lance Fisher	443-359-5192 / 410-251-3274
5. The person contacted will send out an additional crew and the equipment necessary to completely clean-up the site. If an additional crew is not available, the person contacted will contract for clean-up services with another company.

Spill Control Plan – pg. 2

6. If the accident or unforeseen condition has the potential to cause environmental damage, the person contacted will notify the State of Delaware emergency response team by calling any of the following numbers:
 - 911
 - 302-739-9401
 - 1-800-662-8802

7. This plan will be carried in all vehicles, along with a waste permit.

ATTACHMENT E

FISHERS ENVIRONMENTAL, LLC

DRIVER TRAINING PROGRAM (for Waste Haulers)

1. As a condition of employment, all drivers who transport asbestos waste must successfully complete an EPA approved/AHERA accredited Asbestos Worker Training Program. This program provides each driver with the knowledge necessary to safely transport asbestos waste as well as proper clean-up procedures in the event of a spill.
2. Drivers also must successfully complete the Driver Training Program for Waste Haulers which includes instruction in proper handling of the type of solid waste being transported (asbestos waste or construction/demolition debris); familiarity with the approved accidental discharge containment plan (Spill Control Plan for Waste Haulers); and familiarity with the conditions of the solid waste transporters permit.
3. All drivers of Fisher's commercial motor vehicles with a GVWR over 10,000 lbs. must complete all driver safety training as required by the DOT regulations.
4. All drivers of Fisher's commercial motor vehicles with a GVWR over 26,000 lbs. must also hold a current commercial driver's license (CDL) and must complete all driver substance abuse training as required by the DOT regulations. All Fisher's employees, including drivers of commercial and non-commercial motor vehicles with GVWRs of 26,000 lbs. or less are subject to drug testing requirements of Fisher's Drug and Alcohol-Free Workplace Policy.
5. All drivers are also required to attend Fisher's weekly Tailgate Safety Meetings which address various safety issues, including safe driving practices and proper asbestos handling and transporting procedures.
6. As a condition of employment, it is Fisher's policy to review the driving record of each driver applicant for moving violations. Once employed, all driver's driving records are reviewed annually. Based on this annual review, Fisher's determines whether the driver remains qualified or is disqualified to drive a NCM vehicle in accordance with DOT regulations. Additionally, in accordance with the DOT regulations, all holders of CDLs must report in writing to Fisher's and to the State that issued the CDL, any motor vehicle violation(s) within 30 days of the violation(s).

VEHICLE LIST / IDENTIFICATION INFORMATION

FISHERS ENVIRONMENTAL, LLC

PERMIT # DE-SW-1497

VEHICLE INFORMATION

MAKE - MODEL - YEAR	TYPE	VIN #	LIC # / ST OF REG	GVWR	OWNERSHIP
2023 DODGE RAM	TRUCK	3C6UR5CL6PG636655	8FA9039 - MD	10,000	FISHERS ENVIRONMENTAL, LLC
2021 DODGE RAM	TRUCK	3C6UR5CL1MG543120	7EL7932 - MD	10,000	LANCE G. FISHER 309 GOLDEN GINKO LANE SALISBURY, MD 21801-7004
1997 USCA	TRAILER	4PL500N24V1007775	067773X - MD	10,000	FISHERS ENVIRONMENTAL, LLC
1998 GDAN	TRAILER	1GRAA9622WB044406	1894903 - ME	12,500	FISHERS ENVIRONMENTAL, LLC
2004 EAST TENN	TRAILER	5KXBV18224M003433	079622X - MD	10,000	FISHERS ENVIRONMENTAL, LLC
2005 PAMR	TRAILER	40LUB14285P116018	T59674 DE	7,000	FISHERS ENVIRONMENTAL, LLC
2006 CARG	TRAILER	5NHUCM6266N053304	070133X - MD	10,000	FISHERS ENVIRONMENTAL, LLC
2013 SGAC	TRAILER	54GNC18T1D7004779	075502X - MD	10,000	FISHERS ENVIRONMENTAL, LLC
2017 PJ	TRAILER	4P5DK1624H3024280	172049X - MD	10,000	FISHERS ENVIRONMENTAL, LLC
2023 PJ	TRAILER	4P51D2124P4002668	421011X - MD	10,000	FISHERS ENVIRONMENTAL, LLC

FISHERS ENVIRONMENTAL, LLC

PERMIT #DE-SW-1498

VEHICLE OPERATOR INFORMATION

OPERATORS:

Lance G. Fisher President

Charles S. Fisher Operations Manager

2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employee's records.
d Control number Dept. Corp. Employer use only
000003 L6/BFF A 3

c Employer's name, address, and ZIP code
FISHERS ENVIRONMENTAL
LLC
809 MARYLAND AVENUE
DELMAR, MD 21875
Batch #92097

e/f Employee's name, address, and ZIP code
CHARLES S FISHER
PO BOX 288
OAK HALL, VA 23416

b Employer's FED ID number 46-2587756	a Employee's SSA number XXX-XX-5727
1 Wages, tips, other comp. 65460.00	2 Federal income tax withheld 3090.96
3 Social security wages 65460.00	4 Social security tax withheld 4058.52
5 Medicare wages and tips 65460.00	6 Medicare tax withheld 949.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no. VA 30462587756F001	16 State wages, tips, etc. 65460.00
17 State income tax 2939.75	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	65,460.00	65,460.00	65,460.00	65,460.00
Reported W-2 Wages	65,460.00	65,460.00	65,460.00	65,460.00

2. Employee Name and Address.

CHARLES S FISHER
PO BOX 288
OAK HALL, VA 23416

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1 Wages, tips, other comp. 65460.00	2 Federal income tax withheld 3090.96
3 Social security wages 65460.00	4 Social security tax withheld 4058.52
5 Medicare wages and tips 65460.00	6 Medicare tax withheld 949.17
d Control number Dept. Corp. Employer use only 000003 L6/BFF A 3	
c Employer's name, address, and ZIP code FISHERS ENVIRONMENTAL LLC 809 MARYLAND AVENUE DELMAR, MD 21875	
b Employer's FED ID number 46-2587756	a Employee's SSA number XXX-XX-5727
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
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14 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code CHARLES S FISHER PO BOX 288 OAK HALL, VA 23416	
15 State Employer's state ID no. VA 30462587756F001	16 State wages, tips, etc. 65460.00
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c Employer's name, address, and ZIP code FISHERS ENVIRONMENTAL LLC 809 MARYLAND AVENUE DELMAR, MD 21875	
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15 State Employer's state ID no. VA 30462587756F001	16 State wages, tips, etc. 65460.00
17 State income tax 2939.75	18 Local wages, tips, etc.
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Federal Filing Copy W-2 Wage and Tax Statement 2023

Copy B to be filed with employee's Federal Income Tax Return.

VA. State Reference Copy W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's State Income Tax Return.

VA. State Filing Copy W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's State Income Tax Return.

2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

d Control number 000004 L6/BFF		Dept.	Corp.	Employer use only A 4	
c Employer's name, address, and ZIP code FISHERS ENVIRONMENTAL LLC 809 MARYLAND AVENUE DELMAR, MD 21875 Batch #92097					
e/f Employee's name, address, and ZIP code LANCE G FISHER 309 GOLDEN GINGKO LANE SALISBURY, MD 21801					
b Employer's FED ID number 46-2587756		a Employee's SSA number XXX-XX-9110			
1 Wages, tips, other comp. 132960.00		2 Federal income tax withheld 24393.56			
3 Social security wages 132960.00		4 Social security tax withheld 8243.52			
5 Medicare wages and tips 132960.00		6 Medicare tax withheld 1927.92			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12			
14 Other		12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay			
15 State MD	Employer's state ID no. 15242981	16 State wages, tips, etc. 132960.00			
17 State income tax 10368.67		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	132,960.00	132,960.00	132,960.00	132,960.00
Reported W-2 Wages	132,960.00	132,960.00	132,960.00	132,960.00

2. Employee Name and Address.

LANCE G FISHER
309 GOLDEN GINGKO LANE
SALISBURY, MD 21801

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1 Wages, tips, other comp. 132960.00		2 Federal income tax withheld 24393.56			
3 Social security wages 132960.00		4 Social security tax withheld 8243.52			
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Federal Filing Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

MD.State Reference Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

MD.State Filing Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0008