

RECEIPT

DATE 08/14/24

No. 654536

RECEIVED FROM Guardian Environmental Services

\$ 650.00

Six Hundred Fifty and 00/100 DOLLARS

FOR RENT

FOR

DE-SW-1261

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH

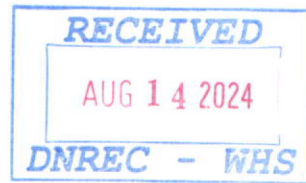
CHECK

MONEY ORDER

CREDIT CARD

FROM # 27064 TO _____

BY E.W.



SOLID WASTE TRANSPORTER PERMIT APPLICATION

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 payable to the **“State of Delaware”** must accompany this application.

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- 1261 Expiration Date 12-31-24

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 Guradian Environmental Services Co., Inc.

Location Address:	Mailing Address:
70 Albe Drive, Newark, De 19702	Same

Contact: Nick Delduco Title: Fleet Manager

Business Phone: 302-562-5561 Fax: 302-834-1959

E-mail: ndelduco@gesoncall.com

24 hr Emergency Contact Phone: 877-437-0007

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: Bear State: DE Date: 2006

- 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 A

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

- 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 B
 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

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

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

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) C
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste only landfill)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- Attachment _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1543131 MC# MC-809467-C
- 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, Solid and Hazardous Waste Management 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 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

D

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, and MANUFACTURER'S GVWR** 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 the SHWMS 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 No

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

- Form W-2
 Form 1099-Misc
 Other

Is a copy of the most recent tax form for each operator attached? Yes No

If Form 1099-Misc is utilized, is a copy of the employment contract or other contract (e.g. lease agreement) that outlines both the operator and the applicant's responsibilities attached (for each operator)? Yes No


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 8-1-24
Print Name Nick DeDuxo Title Operations Manager

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

ATTACHMENT A
OWNERS



Guardian Environmental Services Company, Inc.

Officers:

NAME	TITLE	ADDRESS	DOB	%
Joseph A. Cunane	Owner	70 Albe Dr. Newark, DE 19702	[REDACTED]	100%

ATTACHMENT B
GES LOCATIONS

70 Albe Drive, Newark, DE 19702

162 Stone Block Row, Wilmington, DE 19807

ATTACMENT C
DSWA LOCATIONS

DSWA

DSWA - Northern Cherry Island Landfill Wilmington,

DE

DSWA - Central Sandtown Landfill

Sandtown, DE

ATTACHMENT D
TRANSPORTATION SPILL PLAN



**Guardian Environmental
Services Company, Inc.**

70 Albe Drive
Newark, DE 19702

**Spill Plan
For Transportation
Emergencies**

Revised: July 25, 2024



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

I. GENERAL

- A. This plan is intended to guide GES employees in the proper procedures to follow to prevent or minimize the potential for a spill, accidental release or other transportation emergencies and to properly report and respond to spills, accidental releases or other transportation emergencies.
- B. Copies of this plan will be placed in GES owned vehicles used to transport permitted waste material. (i.e. solid waste and designated hazardous waste materials). Additionally, copies shall be retained in the corporate files for review/inspection by insurance carriers, government agencies and other concerned personnel or groups.
- C. The most important step in spill control is to implement policies/procedures that prevent a spill from occurring. With this in mind, GES has taken the following steps to prevent spills:
 - 1. Personnel Dept. conducts background checks including MVA records on all new employees.
 - 2. Safety training programs are conducted covering procedures to follow when handling or transporting Hazardous Materials or Solid Wastes.
 - 3. Only designated vehicles and trained CDL drivers with proper endorsements are assigned for permitted waste transportation.
 - 4. All loads will be enclosed, covered, tarped or secured to prevent accidental discharge during transport.
 - 5. Driver pre-trip inspections are conducted to insure vehicle is in safe operating condition and carries proper safety and emergency equipment. Additionally, the driver shall inspect containers or load to verify load and containers are secure and containers are not damaged in order to prevent accidental spill. (See Attached Driver's vehicle Inspection Report)
 - 6. Driver shall follow established security procedures.
- D. In any emergency situation, time and clear thinking are crucial. Driver shall follow these established procedures to control the situation and minimize adverse impact. In the event of a release the vehicle and/or area shall be secured and



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

proper personnel/authorities notified. Driver shall take appropriate actions to control the spill, if safe to do so.

II. SPECIFIC SPILL RESPONSE PROCEDURES

- A. In a spill situation, decisions must first be made with regard to the safety of the workers and personnel in the area of the situation. In addition, potential for property or environmental damage must be addressed. Finally, regulatory agencies may need to be notified.
- B. Employees must take measures to protect themselves by staying upwind and away from the source of the suspected spill. They should not touch any spilled material and avoid breathing any fumes/smoke generated by the spilled material. No personnel should eat, drink or smoke near the area of the spilled material.
- C. Driver shall attempt to remove any sources of ignition, such as flames or sparks, in the area of the spilled material. Vehicles should not be started or used near the spill location until it can be determined that there is no threat of a potential vapor ignition.
- D. No personnel or equipment should track through the spilled material.
- E. Wearing proper personal protective equipment, the driver shall secure the area, set up road triangles, and if safe to do so based on the spilled material, take actions to control the spill using absorbent material. Non-hazardous waste material will be recovered using absorbent material (as needed) broom and/or shovel and shall be properly repackaged for transport and disposal.

III. FURTHER ACTIONS TO BE TAKEN

- A. Specific measures to control spills and accidental releases of hazardous materials are to be performed only by GES response personnel. The employee discovering the spill during normal business hours (7:00 a.m. – 4:30 p.m.) should contact the Newark office at 302-918-3070 and request to speak to the Operations Manager or a Response Manager and inform them of the situation and request that a Response Team be activated (as needed).
- B. The Operations Manager or Response Manager will notify the following persons:

NAME	TITLE	EXT.	CELL PHONE
Joe Cunane	President	107	(302) 559-1428
Nick DelDuco	Operations Manager		(302) 562-5561



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

- C. If the incident occurs after-hours, the answering service should be contacted through the main number (877-GES-0007) and a Response Manager will be notified of the situation.
- D. Once the notifications are made aTeam will be mobilized to address the situation. The following actions may be taken to control the situation:
 - 1. Ensure prompt medical attention to any injured person(s).
 - 2. Plug, patch, or otherwise stop the leak or release.
 - 3. Overpack or seal the leaking containers as needed.
 - 4. Transfer remaining material into a secondary container until the original container can be repaired or replaced.
 - 5. Neutralize, dilute or treat spilled product so as to render it less harmful.
 - 6. Take steps to contain the spilled material to minimize potential impact of material onto surrounding environment.
 - 7. Containerize spilled material and transfer to appropriate storage area to await disposal.
 - 8. Make arrangements for transportation and ultimate disposal of recovered material and associated contaminated materials.
 - 9. Make appropriate reports to local authorities and regulatory agencies, where required.
 - 10. Document all actions taken, persons/agencies contacted and times of significant events.
 - 11. Photograph the entire scene of the incident during and after response actions taken.
 - 12. Acquire names of all witnesses to the incident and contact persons for any agencies/groups that arrived during the response operations.
 - 13. Notify corporate office and local agencies when the situation has returned to normal.

IV. EQUIPMENT AND SUPPLIES

The following equipment and supplies are available at the GES facility in Newark and may be transported to the scene of an incident to control spills and releases (as needed):

- Sorbent pads



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

- Sorbent blankets
- Sorbent boom materials
- Recovery drums
- Salvage/overpack drums
- Granular absorbent
- Plastic sheeting and drum/container liners
- Plugging and patching materials and kits
- Drum handling equipment
- Sand and soda ash
- Shovels, rakes and hand tools
- Air-purifying, Full-face respirators
- Self-contained breathing apparatus
- Breathing air supply systems
- Chemical Protective Clothing
- Air-monitoring instrumentation
- Material sampling equipment
- Decontamination supplies
- Emergency lighting and generators
- Backhoes and excavators
- Loaders and bulldozers
- Dump trucks
- Mobile communications
- Emergency reference guides

Vehicles utilized to transport hazardous substances will carry the following emergency spill containment equipment in the event of a release:

- Sorbent pads and/or oil-dri
- Drum Liners
- Shovel and/or broom
- Fire extinguisher
- Cell phone
- Reflectors and/or flares
- First aid kit
- Work gloves
- Hard hat
- Flashlights



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

V. EMERGENCY TELEPHONE NUMBERS

The following telephone numbers are available for summoning emergency assistance in the event of a spill or release:

Police, Fire, Ambulance	911
Christiana Hospital	(302) 733-1000
Concentra Occupational Health	(302) 368-5100
Delaware Department of Natural Resources and Environmental Controls	(800) 662-8802 (in state only) or (302) 739-9404
Chemtrec	(800) 662-9300
National Response Center	(800) 424-8802
Regional Response Center	(215) 814-5122
Poison Control Center	(302) 655-3389

VI. SPILL INFORMATION REPORT

The following information is to be furnished by the employee or person reporting the spill or accidental release.

- Where exactly is the incident?
- Where are you calling from?
- At what time did the spill occur or was noticed?
- What is the phone number at your location?
- What is the material that has spilled? (If known)
- Approximately how much material has spilled?
- Has anyone been hurt, including you?
- Has anything been done to contain the spill?
- Who is at the scene of the spill that can speak to responding personnel?
- Is there a telephone number that the person can be reached at?



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

VII. REPORTING RELEASES

Once the On Call Team has been notified, the Operations Manager, or his designee, will contact the appropriate local state and federal agencies to report the incident and explain the actions taken to remediate the situation.

ATTACHMENT E
DRIVER TRAINING

GES provides and/or requires the following driver training:

Security Awareness as per Department of Transportation's HM-232

How to Fill out Bills of Lading

Smith Systems Safety Videos

Hazard Communication Training

GES also provides Tool Box Talks about various driver safety issues such as: Driving in Snow Conditions, Distracted Driving, Seat Belt Safety, Traffic Control at Construction Sites, and Use of Spotters for Backing Up

In addition CDL Drivers will be provided the following training:

Must take road test issued by a current GES CDL Driver to demonstrate proficiency prior to driving
GES vehicles

JJ Keller Hours of Service Drivers Guide Video/Quiz

General Hazmat Compliance

Hazmat Drivers must have Hazmat Endorsement

40-Hour Hazwopper Training and-8 Hour annual refreshers

DOT

ATTACHMENT F

VEHICLE LOG

Bill Account Name	VIN#	Vehicle- Year	Make	Legal Weight Limit	VT Label	State	Tag	DESC	Fleet
ACTIVE TRUCK LISTING									
Guadian Environmental Services Company	1M2AG11C84M011546	2004	Mack	73,280	16-Rolloff	DE	CL108883	White	2584

ATTACHMENT G

GES TRUCK DRIVER LISTING

TITLE	NAME	GES EMPOLYEE
CDL TRUCK DRIVER	Nicolas Delduco	Y
CDL TRUCK DRIVER	Ervin Brower	Y
CDL TRUCK DRIVER	Dwight Mackey	Y

STATE OF DELAWARE

Department of Finance
Division of Revenue

ACTIVE BUSINESS LICENSE
2006601634

EFFECTIVE

01/01/2024 - 12/31/2024

ISSUED TO

GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK DE 19702-1322

LOCATION

GUARDIAN ENVIRO SVCS CO INC
GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK, DE 19702-1322

**TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY**

RESIDENT CONTRACTOR



2024

ISSUED: 12/09/2023
FEE PAID: \$75.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2024

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).

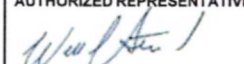
PRODUCER L & W Insurance Inc. PO Box 918 Dover DE 19903	CONTACT NAME: Heather Chickadel	
	PHONE (A/C, No, Ext): 302-674-3500	FAX (A/C, No):
E-MAIL ADDRESS: hchickadel@lwinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Harford Mutual Insurance Co		14141
INSURER B: Liberty Mutual		2283
INSURER C: Crum & Forster Speciality Ins		44520
INSURER D: American Interstate Insurance		31895
INSURER E: UNDERWRITERS AT LLOYDS		32727
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1886120235 **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 <input checked="" type="checkbox"/> POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EPK-148326	7/1/2024	7/1/2025	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 PROFESSIONAL \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10855843	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EFX-125661	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TVWCDE3288252024	7/1/2024	7/1/2025	<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
E B	Cyber Liability Leased/Rented Equipment			ESM0039990068 BMO66459860	6/18/2024 7/1/2024	6/18/2025 7/1/2025	Limit: \$1,000,000 Limit: \$350,000

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

CERTIFICATE HOLDER Delaware Dept. of Natural Resources & Environmental Control 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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Davis, DaQuan (DNREC)

From: Marian Murphy <mmurphy@gesoncall.com>
Sent: Tuesday, August 20, 2024 12:44 PM
To: Davis, DaQuan (DNREC)
Cc: Nick Delduco; Stephanie Miller
Subject: Application Form with Owner Signature
Attachments: 2024 SW Transporter Application With Attachments Signiture revised 8-20-2024.pdf

Please see attached revised Application form.
Owners Signature is on page 7.

The Transportation Spill Plan has been revised with the correct phone number and all copies in the trucks have been revised.

Marian Murphy
Guardian Environmental Services, Inc.
Office 302.918.3070 | Fax 302.834.1959
Cell 302.229.8938
www.gesoncall.com

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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- Renewal: Permit # DE-SW- 1261 Expiration Date 12-31-24

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 Guradian Environmental Services Co., Inc.

Location Address:	Mailing Address:
70 Albe Drive, Newark, De 19702	Same

Contact: Nick Delduco Title: Fleet Manager

Business Phone: 302-562-5561 Fax: 302-834-1959

E-mail: ndelduco@gesoncall.com

24 hr Emergency Contact Phone: 877-437-0007

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: Bear State: DE Date: 2006

- 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 A

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

- 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 B
- 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

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

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

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) C
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste only landfill)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

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

- Attachment _____
- No transporter permits in other states

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

DOT# 1543131 MC# MC-809467-C

- 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, Solid and Hazardous Waste Management 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 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
D

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, and MANUFACTURER'S GVWR** 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 the SHWMS 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 No

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

- Form W-2
 Form 1099-Misc
 Other

Is a copy of the most recent tax form for each operator attached? Yes No

If Form 1099-Misc is utilized, is a copy of the employment contract or other contract (e.g. lease agreement) that outlines both the operator and the applicant's responsibilities attached (for each operator)? Yes No


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 08/20/2024
Print Name Joseph A. Cunane Title Owner

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

ATTACHMENT A
OWNERS



Guardian Environmental Services Company, Inc.

Officers:

NAME	TITLE	ADDRESS	DOB	%
Joseph A. Cunane	Owner	70 Albe Dr. Newark, DE 19702	[REDACTED]	100%

ATTACHMENT B
GES LOCATIONS

70 Albe Drive, Newark, DE 19702

162 Stone Block Row, Wilmington, DE 19807

ATTACMENT C
DSWA LOCATIONS

DSWA

DSWA - Northern Cherry Island Landfill Wilmington,

DE

DSWA - Central Sandtown Landfill

Sandtown, DE

ATTACHMENT D
TRANSPORTATION SPILL PLAN



**Guardian Environmental
Services Company, Inc.**

70 Albe Drive
Newark, DE 19702

**Spill Plan
For Transportation
Emergencies**

Revised: July 25, 2024



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

I. GENERAL

- A. This plan is intended to guide GES employees in the proper procedures to follow to prevent or minimize the potential for a spill, accidental release or other transportation emergencies and to properly report and respond to spills, accidental releases or other transportation emergencies.

- B. Copies of this plan will be placed in GES owned vehicles used to transport permitted waste material. (i.e. solid waste and designated hazardous waste materials). Additionally, copies shall be retained in the corporate files for review/inspection by insurance carriers, government agencies and other concerned personnel or groups.

- C. The most important step in spill control is to implement policies/procedures that prevent a spill from occurring. With this in mind, GES has taken the following steps to prevent spills:
 - 1. Personnel Dept. conducts background checks including MVA records on all new employees.
 - 2. Safety training programs are conducted covering procedures to follow when handling or transporting Hazardous Materials or Solid Wastes.
 - 3. Only designated vehicles and trained CDL drivers with proper endorsements are assigned for permitted waste transportation.
 - 4. All loads will be enclosed, covered, tarped or secured to prevent accidental discharge during transport.
 - 5. Driver pre-trip inspections are conducted to insure vehicle is in safe operating condition and carries proper safety and emergency equipment. Additionally, the driver shall inspect containers or load to verify load and containers are secure and containers are not damaged in order to prevent accidental spill. (See Attached Driver's vehicle Inspection Report)
 - 6. Driver shall follow established security procedures.

- D. In any emergency situation, time and clear thinking are crucial. Driver shall follow these established procedures to control the situation and minimize adverse impact. In the event of a release the vehicle and/or area shall be secured and



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

proper personnel/authorities notified. Driver shall take appropriate actions to control the spill, if safe to do so.

II. SPECIFIC SPILL RESPONSE PROCEDURES

- A. In a spill situation, decisions must first be made with regard to the safety of the workers and personnel in the area of the situation. In addition, potential for property or environmental damage must be addressed. Finally, regulatory agencies may need to be notified.
- B. Employees must take measures to protect themselves by staying upwind and away from the source of the suspected spill. They should not touch any spilled material and avoid breathing any fumes/smoke generated by the spilled material. No personnel should eat, drink or smoke near the area of the spilled material.
- C. Driver shall attempt to remove any sources of ignition, such as flames or sparks, in the area of the spilled material. Vehicles should not be started or used near the spill location until it can be determined that there is no threat of a potential vapor ignition.
- D. No personnel or equipment should track through the spilled material.
- E. Wearing proper personal protective equipment, the driver shall secure the area, set up road triangles, and if safe to do so based on the spilled material, take actions to control the spill using absorbent material. Non-hazardous waste material will be recovered using absorbent material (as needed) broom and/or shovel and shall be properly repackaged for transport and disposal.

III. FURTHER ACTIONS TO BE TAKEN

- A. Specific measures to control spills and accidental releases of hazardous materials are to be performed only by GES response personnel. The employee discovering the spill during normal business hours (7:00 a.m. – 4:30 p.m.) should contact the Newark office at 302-918-3070 and request to speak to the Operations Manager or a Response Manager and inform them of the situation and request that a Response Team be activated (as needed).
- B. The Operations Manager or Response Manager will notify the following persons:

NAME	TITLE	EXT.	CELL PHONE
Joe Cunane	President	107	(302) 559-1428
Nick DelDuco	Operations Manager		(302) 562-5561



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

- C. If the incident occurs after-hours, the answering service should be contacted through the main number (877-GES-0007) and a Response Manager will be notified of the situation.
- D. Once the notifications are made a Team will be mobilized to address the situation. The following actions may be taken to control the situation:
 - 1. Ensure prompt medical attention to any injured person(s).
 - 2. Plug, patch, or otherwise stop the leak or release.
 - 3. Overpack or seal the leaking containers as needed.
 - 4. Transfer remaining material into a secondary container until the original container can be repaired or replaced.
 - 5. Neutralize, dilute or treat spilled product so as to render it less harmful.
 - 6. Take steps to contain the spilled material to minimize potential impact of material onto surrounding environment.
 - 7. Containerize spilled material and transfer to appropriate storage area to await disposal.
 - 8. Make arrangements for transportation and ultimate disposal of recovered material and associated contaminated materials.
 - 9. Make appropriate reports to local authorities and regulatory agencies, where required.
 - 10. Document all actions taken, persons/agencies contacted and times of significant events.
 - 11. Photograph the entire scene of the incident during and after response actions taken.
 - 12. Acquire names of all witnesses to the incident and contact persons for any agencies/groups that arrived during the response operations.
 - 13. Notify corporate office and local agencies when the situation has returned to normal.

IV. EQUIPMENT AND SUPPLIES

The following equipment and supplies are available at the GES facility in Newark and may be transported to the scene of an incident to control spills and releases (as needed):

- Sorbent pads



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

- Sorbent blankets
- Sorbent boom materials
- Recovery drums
- Salvage/overpack drums
- Granular absorbent
- Plastic sheeting and drum/container liners
- Plugging and patching materials and kits
- Drum handling equipment
- Sand and soda ash
- Shovels, rakes and hand tools
- Air-purifying, Full-face respirators
- Self-contained breathing apparatus
- Breathing air supply systems
- Chemical Protective Clothing
- Air-monitoring instrumentation
- Material sampling equipment
- Decontamination supplies
- Emergency lighting and generators
- Backhoes and excavators
- Loaders and bulldozers
- Dump trucks
- Mobile communications
- Emergency reference guides

Vehicles utilized to transport hazardous substances will carry the following emergency spill containment equipment in the event of a release:

- Sorbent pads and/or oil-dri
- Drum Liners
- Shovel and/or broom
- Fire extinguisher
- Cell phone
- Reflectors and/or flares
- First aid kit
- Work gloves
- Hard hat
- Flashlights



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

V. EMERGENCY TELEPHONE NUMBERS

The following telephone numbers are available for summoning emergency assistance in the event of a spill or release:

Police, Fire, Ambulance	911
Christiana Hospital	(302) 733-1000
Concentra Occupational Health	(302) 368-5100
Delaware Department of Natural Resources and Environmental Controls	(800) 662-8802 (in state only) or (302) 739-9401
Chemtrec	(800) 662-9300
National Response Center	(800) 424-8802
Regional Response Center	(215) 814-5122
Poison Control Center	(302) 655-3389

VI. SPILL INFORMATION REPORT

The following information is to be furnished by the employee or person reporting the spill or accidental release.

- Where exactly is the incident?
- Where are you calling from?
- At what time did the spill occur or was noticed?
- What is the phone number at your location?
- What is the material that has spilled? (If known)
- Approximately how much material has spilled?
- Has anyone been hurt, including you?
- Has anything been done to contain the spill?
- Who is at the scene of the spill that can speak to responding personnel?
- Is there a telephone number that the person can be reached at?



Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

VII. REPORTING RELEASES

Once the On Call Team has been notified, the Operations Manager, or his designee, will contact the appropriate local state and federal agencies to report the incident and explain the actions taken to remediate the situation.

ATTACHMENT E
DRIVER TRAINING

GES provides and/or requires the following driver training:

Security Awareness as per Department of Transportation's HM-232

How to Fill out Bills of Lading

Smith Systems Safety Videos

Hazard Communication Training

GES also provides Tool Box Talks about various driver safety issues such as: Driving in Snow Conditions, Distracted Driving, Seat Belt Safety, Traffic Control at Construction Sites, and Use of Spotters for Backing Up

In addition CDL Drivers will be provided the following training:

Must take road test issued by a current GES CDL Driver to demonstrate proficiency prior to driving GES vehicles

JJ Keller Hours of Service Drivers Guide Video/Quiz

General Hazmat Compliance

Hazmat Drivers must have Hazmat Endorsement

40-Hour Hazwopper Training and 8 Hour annual refreshers

DOT

ATTACHMENT F

VEHICLE LOG

Bill Account Name	VIN#	Vehicle- Year	Make	Legal Weight Limit	VT Label	State	Tag	DESC	Fleet
ACTIVE TRUCK LISTING									
Guadian Environmental Services Company	1M2AG11C84M011546	2004	Mack	73,280	16-Rolloff	DE	CL108883	White	2584

ATTACHMENT G

GES TRUCK DRIVER LISTING

TITLE	NAME	GES EMPOLYEE
CDL TRUCK DRIVER	Nicolas Delduco	Y
CDL TRUCK DRIVER	Ervin Brower	Y
CDL TRUCK DRIVER	Dwight Mackey	Y

STATE OF DELAWARE

Department of Finance
Division of Revenue

ACTIVE BUSINESS LICENSE
2006601634

EFFECTIVE

01/01/2024 - 12/31/2024

ISSUED TO

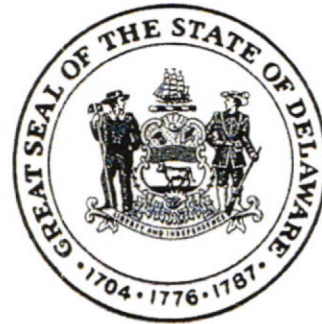
GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK DE 19702-1322

LOCATION

GUARDIAN ENVIRO SVCS CO INC
GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK, DE 19702-1322

**TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY**

RESIDENT CONTRACTOR



2024

ISSUED: 12/09/2023
FEE PAID: \$75.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2024

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 L & W Insurance Inc. PO Box 918 Dover DE 19903	CONTACT NAME: Heather Chickadel PHONE (A/C, No, Ext): 302-674-3500 FAX (A/C, No): E-MAIL ADDRESS: hchickadel@lwinsurance.com														
INSURED Guardian Environmental Services Co., Inc 70 Albe Drive Newark DE 19702	<table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Harford Mutual Insurance Co</td> <td style="text-align: center;">14141</td> </tr> <tr> <td>INSURER B : Liberty Mutual</td> <td style="text-align: center;">2283</td> </tr> <tr> <td>INSURER C : Crum & Forster Speciality Ins</td> <td style="text-align: center;">44520</td> </tr> <tr> <td>INSURER D : American Interstate Insurance</td> <td style="text-align: center;">31895</td> </tr> <tr> <td>INSURER E : UNDERWRITERS AT LLOYDS</td> <td style="text-align: center;">32727</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Harford Mutual Insurance Co	14141	INSURER B : Liberty Mutual	2283	INSURER C : Crum & Forster Speciality Ins	44520	INSURER D : American Interstate Insurance	31895	INSURER E : UNDERWRITERS AT LLOYDS	32727	INSURER F :	
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INSURER E : UNDERWRITERS AT LLOYDS	32727														
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 1886120235** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		EPK-148326	7/1/2024	7/1/2025	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 PROFESSIONAL \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA10855843	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		EFX-125661	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	TVWCDE3288252024	7/1/2024	7/1/2025	<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
E B	Cyber Liability Leased/rented Equipment		ESM0039990068 BMO66459860	6/18/2024 7/1/2024	6/18/2025 7/1/2025	Limit: \$1,000,000 \$350,000

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

CERTIFICATE HOLDER Delaware Dept. of Natural Resources & Environmental Control 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
--	---