

# RECEIPT

DATE

09/04/24

No.

654556

RECEIVED FROM

Delaware Diamond Rentals

\$ 350.00

Three Hundred Fifty and 0/100 DOLLARS

 FOR RENT FOR

New SW App

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

# 1181

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**

**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- \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 Delaware Diamond Rentals

Location Address:	Mailing Address:
<u>3493 Kenton Rd Dover DE 19904</u>	<u>3493 Kenton Rd Dover DE 19904</u>

Contact: Jon Lloyd JR Title: OWNER

Business Phone: 302 272 1299 Fax: \_\_\_\_\_

E-mail: Info@DelawareDiamondRentals.com

24 hr Emergency Contact Phone: 302-272-1299

**4. Company Ownership Information**

- (a). Please indicate the company type:
- Proprietorship
  - Partnership
  - Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: DE
- Other: (must specify) \_\_\_\_\_

- (b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment 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 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

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

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
  - Attachment \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
  - Attachment \_\_\_\_\_
  - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:  
DOT# \_\_\_\_\_ 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.

We are under CDL Requirements and do not cross state lines - we are intrastate only.

**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.) - DE only
- (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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" 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

**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

- NO EMPLOYEES

**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 [Signature] Date 9-1-24

Print Name Jon Lloyd JR Title Owner/Operator

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





D

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6). **Tool Bag**
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). **Complete walk around**
  - 2). **Tire check**
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: **Jon Lloyd JR** Phone: **302-272-1299**
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)  
Maryland:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/01/2024

**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).**

<b>PRODUCER</b> Anderson's Insurance Associates 17500 W LIBERTY LN, NEW BERLIN, WI 53146	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487      FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : United Financial Casualty Company	
NAIC #	
11770	
<b>INSURED</b>	
Delaware Diamond Rentals, LLC 3493 Kenton Rd Dover, DE 19904	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES      CERTIFICATE NUMBER:** 662249653764041407D090124T233457      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	985875009	08/26/2024	08/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	Y	985875009	08/26/2024	08/26/2025	\$

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

**CERTIFICATE HOLDER**

Delaware Department of Natural Resources  
 Compliance and Permitting Section  
 89 Kings Highway  
 Dover, DE 19904

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Mark P... [Signature]*



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Anderson's Insurance Associates		<b>NAMED INSURED</b> Delaware Diamond Rentals, LLC 3493 Kenton Rd Dover, DE 19904	
<b>POLICY NUMBER</b> 985875009			
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770	<b>EFFECTIVE DATE:</b> 08/26/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

**Additional Coverages**

<b>Insurance coverage(s)</b>	<b>Limits</b>
Personal Injury Protection/Property Protection Ins	\$100,000/\$300,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**

**Scheduled autos only**

2018 FORD F150 1FTEW1EG2JFA20278	
Comprehensive	\$1,000 Ded
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
Collision	\$1,000 Ded
2024 Big Tex Trailer 16V1D192XS5369980	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Liability coverage may not apply to all scheduled vehicles.

**Additional Information**

Blanket Waiver of Subrogation in favor of the certificate holder, but only if party to a written waiver agreement executed by the named insured, as required by contract, prior to the occurrence of any loss. The certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.



## State of Delaware Division of Revenue

— Temporary License —

Valid for 60 days from Receipt Date

**License number:** 2024709481

**Name:** JON E LLOYD Jr.

**Trade Name:** Delaware Diamond Rentals, LLC

**Address:** 3493 Kenton Rd  
Dover, DE 19904-1331

Activity	Record	Tax Year	Tax Period	Business Code	Amount
Add Licenses	A-000985758	2024	12/31/2024	General Services	\$31.50

Receipt Date	One Stop DLN
08/26/2024	24-92261-61



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/26/2024

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**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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (855) 222-5919      FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A : Next Insurance US Company      16285 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
<b>INSURED</b> Delaware Diamond Rentals, LLC 3493 Kenton Rd Dover, DE 19904		

**COVERAGES**      **CERTIFICATE NUMBER:** 428571725      **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	NXTC77KWJD-00-GL	08/26/2024	08/26/2025	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X	NXTC77KWJD-00-GL	08/26/2024	08/26/2025	EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Certificate Holder is Delaware Department of Natural Resources and Environmental Control. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b> Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Section 89 Kings Hwy Dover, DE 19901	<b>LIVE CERTIFICATE</b>  <a href="#">Click or scan to view</a>	<b>CANCELLATION</b> 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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A

Jon Lloyd Jr

3493 Kenton Road Dover, DE 19904



Owner/Operator

100% Ownership

B

Delaware Diamond Rentals

3493 Kenton Road Dover, DE 19904

C

Cherry Island Landfill

Sandtown Landfill

Jones Crossroads Landfill

Pinetree Corners Transfer Station

Milford Transfer Station

Route 5 Transfer Station

# E

Owner/Operator is only driver

Jon Lloyd Jr – CDL Class A

Valid Commercial License since 2008

Valid CDL Medical Card

Extensive knowledge in equipment and regulations for  
hauling materials.

## Davis, DaQuan (DNREC)

---

**From:** Delaware Diamond Rentals <info@delawarediamondrentals.com>  
**Sent:** Thursday, September 5, 2024 10:19 AM  
**To:** WHStransporters  
**Subject:** Re: Delaware Transporter Application - Vehicle lists

I own the truck and trailer

Jon Lloyd Jr  
3493 Kenton Road  
Dover, DE 19904

The 3 dumpsters are just roll off dumpsters. They are not actual vehicles. Sorry for any confusion.

Thank you,  
302-744-8177  
DelawareDiamondRentals.com

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStransporters <WHStransporters@delaware.gov>  
**Sent:** Thursday, September 5, 2024 10:11:20 AM  
**To:** Delaware Diamond Rentals <info@delawarediamondrentals.com>  
**Subject:** Delaware Transporter Application - Vehicle lists

Hi Mr. Lloyd Jr.,

Who owns the 2018 truck and 2025 trailer on your vehicle list? The other three dumpster vehicles we will need you to fill out all the required information.

Please provide this information via email in 5 days.

Thank you,  
DaQuan Davis



### DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)

