| RECEIPT DATE | 09/27/24 | No. 654 | 577 |
|----------------------------|------------------|---------|---------|
| RECEIVED FROM Guardian | Companies, Inc. | \$350, | 00 |
| Three hundred tit | ty and is- | | DOLLARS |
| OFOR RENT DE-SW-0 | 244 | | |
| ACCOUNT CASH | 20000 | | |
| PAYMENT CHECK MONEY ORDER | FROM O O O O O O | то | |
| BAL. DUE CREDIT | BY M.M. | | 3-11 |



RECEIVED

SEP 27 2024

NREC - WH

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

1.

☐ Five Years - \$275.00

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

| 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 the amount of \$350.00. | order, payable to the "State of Delaware" in | | |
| Renewal: Permit # DE-SW- 0244 | Expiration Date <u>12/31/2024</u> | | |
| Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee. | | | |
| SCRAP TIRES ONLY ALL OTHERS | | | |
| ☐ One Year - \$75.00 | ✓ One Year - \$350.00 | | |
| ☐ Two Years - \$125.00 | ☐ Two Years - \$650.00 | | |
| ☐ Three Years - \$175.00 | ☐ Three Years - \$950.00 | | |
| ☐ Four Years - \$225.00 | ☐ Four Years - \$1250.00 | | |
| | | | |

☐ Five Years - \$1550.00

| 2. | Rele | ease to Public | |
|----|--------|---|---|
| | | you wish to be included on the list of transpo aware permitted solid waste transporters? | orters that is provided to persons requesting a list of Yes No |
| 3. | Con | mpany Information | |
| | Con | npany Name Guardian Companies, INC | |
| Lo | cation | n Address: | Mailing Address: |
| Lo | Cution | 1617 Matassino Rd. | PO Box 11607 |
| | | New Castle, DE 19720 | Wilmington, DE 19850 |
| | | | |
| Со | ntact: | Jordan Carlson Titl | e: Fleet Services |
| | | | 302-526-4578 |
| | | jcarlson@guardianco.com | ·· |
| | | nergency Contact Phone: 302-834-1000 | |
| | | | |
| 4. | Con | npany Ownership Information | |
| | (a). | Please indicate the company type: Proprietorship | |
| | | ☐ Partnership | |
| | | Corporation - If company is a corporati | on, indicate city, state, and date of incorporation. |
| | | City: Wilmington Star | te: Delaware Date: 10/29/1987 |
| | | ☐ Municipality ☐ Public institution | |
| | | ☐ Limited Liability Corporation (LLC) St | ate: |
| | | Other: (must specify) | |
| | (b). | | ficer, attach a list with name, title, mailing address, stockholders owning greater than 5% outstanding |
| | | Attachment A-(4B) | |
| | (c). | If company is owned by or affiliated with a address & mailing address, and % ownership | parent company, attach parent company name, p. |
| | | ☐ Attachment No parent company | |

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

| 5. | Company locations in Delaware |
|----|---|
| | List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware. |
| | Attachment A-(5) No Delaware locations |
| 6. | Company Affiliates |
| | List name, location and mailing addresses, nature of business relationship of all company Affiliates which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recover or reclamation. (Affiliated companies are defined as those companies owned by the same owners corporate officers, or parent company.) |
| | \square Attachment A-(6) 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? |
| | (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 |

Solid Waste Transporter Application Page ${\bf 4}$ of ${\bf 6}$

| 8. | Trea | tment, Storage, and Disposal Facilities | |
|-----|---------------------------------------|---|--|
| | (a). | Do you cross state lines with the waste? | |
| | (b). | Identify in an attachment <i>all</i> solid waste Treatment, Storage, I Facilities and Transfer Stations to which the waste will be transfer. | |
| | | ☑ Delaware Solid Waste Authority locations: (attachment) ☑ Clean Earth of New Castle, Inc. (thermal treatment facility ☑ Delaware Recyclable Products, Inc. (dry waste, commerce) ☑ Other in-state solid waste facilities, including private facilities ☑ Out of state solid waste TSD facilities: (attachment) | ry for PHC-soils) rial, industrial, and PHC-soils) lities: (attachment) |
| 9. | Oth | er Transporter Permits | |
| | (a). | Attach a copy of your home state solid waste transporter perm home state.) | it. (N/A if Delaware is your |
| | | ☐ Attachment Not applicable-No transporter permit required for these so | lid 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 | r: |
| | | DOT# 238031 MC# N/A | |
| | | ✓ N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number. | ing page, as to why you are not |
| | | GUARDIAN ONLY TRANSPORTS ITS OWN MATER | RIAL |
| | | | |
| | | | |
| 10. | Proo | f of Financial Responsibility | |
| 10. | The Delay Insur Depa | f of Financial Responsibility transporter must submit proof of financial responsibility at ware's Regulations Governing Solid Waste. This proof may ance, with MCS-90 endorsement where applicable, or by truent. (The Certificate of Insurance must identify the Depart ronmental Control, Compliance and Permitting Section as | be established by a Certificate of other means approved by the ment of Natural Resources and |
| 10. | The Delar Insur Depa Envi | transporter must submit proof of financial responsibility a ware's <i>Regulations Governing Solid Waste</i> . This proof may ance, with MCS-90 endorsement where applicable, or by trement. (The Certificate of Insurance must identify the Depart | be established by a Certificate of y other means approved by the ment of Natural Resources and the certificate holder.) or-Hire means you are in the |

(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 | \$350,000.00 |
| Commercial Waste | \$750,000.00 + MCS-90 | \$350,000.00 |
| Industrial Waste | \$750,000.00 + MCS-90 | \$350,000.00 |
| Dry Waste | \$750,000.00 + MCS-90 | \$350,000.00 |
| Ash | \$750,000.00 + MCS-90 | \$350,000.00 |
| Infectious Waste | \$1,000,000.00 + MCS-90 | \$750,000.00 + MCS-90 |
| Non-Hazardous Petroleum Contaminated Soils | \$750,000.00 + MCS-90 | \$350,000.00 |
| Asbestos | \$1,000,000.00 + MCS-90 (For Hire & Private) | \$350,000.00 |
| Scrap Tires Only | \$350,000.00 | \$350,000.00 |

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers:** 1-800-662-8802 and 302-739-9401, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment B

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.

| 1 | Driver | Training. | attachment | C |
|---|--------|-----------|------------|---|
|---|--------|-----------|------------|---|

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? |
| | 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 |
| | Print Name Nona J. Cunane President |

16

| **Signature | 1. Come | Date 9. 24. 2024 | |
|---------------------------|---------|------------------|--|
| Print Name Nona J. Cunane | | Title President | |

ATTACHMENT "A"

- 4. Company Ownership Information
- (b) Nona J. Cunane, President

100% Ownership

5. Company Locations in Delaware

1617 Matassino Road New Castle, DE 19720

6. Company Affiliates

Guardian Construction Co., Inc. is an affiliated company owned wholly by Guardian Companies, Inc. All Guardian Companies, Inc. revenue is from Guardian Construction Co., Inc. revenue.

Guardian Construction Co., Inc.

Mail: P.O. Box 11607 Wilmington, DE 19850 Delivery: 1617 Matassino Rd New Castle, DE 19720

- 8. Treatment, Storage, and Disposal Facilities
 - (a)
 Cherry Island Landfill (DSWA)
 1706 E. 12th Street
 Wilmington, DE 19809
 - (b)
 Delaware Recyclable Products, Inc.
 198 Marsh Lane
 New Castle, DE 19720
 - (c)
 Clean Earth
 94 Pyles Lane
 New Castle, DE 19720

ATTACHMENT "B"

Spill Control Plan for Guardian Construction Co., Inc. Waste Haulers

 Spill control and safety equipment carried in each vehicle or personally assigned to personnel will consist of the following:

Reflectors and/or flares Fire Extinguisher First Ald Kit PPE (i.e., hard hat, reflective vest, safety glasses, heavy-duty gloves) Flashlight Rubber boots Rubber gloves Spill barrier Oil'dry

- 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 pre-trip inspection, as required by the Delaware Department of Transportation. Any discrepancies found during this pre-trip inspection are required to be repaired prior to moving said vehicle.
- 4. In the event of an accident or emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

James williams, Safety Officer

Mobile:

If necessary Mr., williams will coordinate clean-up with our designated response

contractor:

Guardian Environmental Services Company, Inc. 70 Albe Drive Newark, DE 19702

Phone: (302) 918-3070

5. Mr. williams will contact the state and municipal authorities where the accident occurred. If the accident or splil 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 (800) 662-8802

6. This plan will be carried in all vehicles, along with the Delaware Solid Waste Transporter Permit.

ATTACHMENT "C"

12. Driver Training

(a) Guardian's hiring procedure carefully screens all possible driver applicants. This procedure consists of DOT Physical, DOT Drug Screen, Background Check/DMV Record, Previous Employer Questionnaires, and Guardian's Driving Test. Select Guardian drivers have been 40-hr or 24-hr trained.

Physical information is tracked and updated as needed. Random DOT drugs screens are conducted, as required by DOT regulations, DMV reports are ordered, annually.

Our Medical Review Officer is:

Omega Medical Center K-15 Omega Drive Newark, DE 19713

Employment Screening/Background Checks by:

Lexis Nexis

1100 Alderman Drive Mailstop 320S Alfreda, GA 30005

Bi-weekly safety meetings are conducted by Guardian's safety officer.

(b) DMV reports are pulled, annually, for all Guardian employees, not only truck drivers. Attached is an excerpt (p. 49) from Guardian's employee handbook stating company policy on employee driving records and points accumulated.

Guardian regularly offers reimbursement for employees who choose to participate in, and pass, the Delaware Safe Driver's Course offered through Associated Builders and Contractor's of Delaware and Delaware Contractor's Association, both of which Guardian is a longtime member.

(c) Waste handling and driving procedures and topics are covered in various bi-weekly safety meetings, along with monthly Toolbox Talks. Our safety officer performs a quarterly review of the Spill Control Plan and the conditions of Guardian's Solid Waste Transporter's Permit.

- Outside employment must not interfere with your job performance
- Outside employment must not negatively affect the organization's business interest
- You may not work for competitors

If outside employment is determined to conflict with our policy, you may be asked to discontinue the outside employment, or you may be subject to disciplinary action, up to and including termination of employment with Guardian Construction.

Equipment Policy

All Guardian Construction employees are expected to show professionalism in the use of the organization's and clients' equipment, telephones, grounds and buildings. These guidelines should be followed, both out of courtesy and as good business practice:

- All equipment should be handled carefully and responsibly. When equipment breaks down, it should be immediately reported to their supervisor.
- The property of our organization and our clients should be appreciated, not abused. The speed limits on our sites should be observed and vehicles should be parked in the designated parking areas.
- Our office is maintained for the safety and security of Guardian Construction employees and the clients it supports.

Vehicle & Vehicle Maintenance

Condition of Employment

An employee's driving record and insurability may be a condition of employment determined by the employee's position. Post offer and annually thereafter the organization may conduct a Department of Motor Vehicle check on all employees' records and the DMV report may be reviewed by the organization's insurance carrier. Any employee that has their driver's license revoked must report this information to Human Resources within three days of occurrence.

Poor driving records or inability or ineligibility to meet the MVR Evaluation – Driver Standards may be grounds for dismissal if the position requires driving.

MVR/Driver Evaluation:

- All drivers must have a valid driver's license or commercial driver's license where required.
- The number of drivers must be reasonable for the number of vehicles.
- Drivers must be 21 years of age and have at least three (3) years of driving experience.

Any driver with any one (1) major violation within the past five (5) years or three (3) or more minor violations within the last three (3) years does not meet the underwriting standards and will be considered ineligible.

Major Violations

- Driving while intoxicated, impaired, or under the influence of drugs or alcohol
- Any conviction related to the use of an automobile including:
 - o Assault, homicide or manslaughter by motor vehicle
 - o Resisting arrest
 - o Fleeing or evading police/roadblock
 - o Hit and run/leaving the scene of an accident
- Reckless driving
- Driving with a suspended or revoked license
- Refusal to take a sobriety or substance test
- Speed in excess of 20 MPH over posted limit
- Using a motor vehicle in the commission of a felony
- Speed contest (drag racing)

Minor Violations

- · Failure to report an accident
- Moving violations that include:
 - o Speeding
 - o Improper lane change
 - o Failure to yield
 - o Failure to obey traffic signal or sign
 - o Careless driving
- Any at fault accident
- Texting while driving where prohibited
- Use of cell phone without a hands free device where prohibited

Company Owned Vehicles

- Guardian Construction owned vehicles are assigned to employees to enable them to conduct their business assignments. The vehicle is not to be used for personal use. In the event an employee will be out of work for an extended amount of time (two or more weeks), the company may retrieve the vehicle for insurance and security purposes, until the employee returns to full time duty.
- Seat belts must be worn by all employees and all passengers at all times while driving in company owned vehicles. Passengers shall not ride in seats or areas of the vehicles where seat belts are not installed. Seat belts should be used only as specified by the manufacturer.
- Employees will complete a DVIR daily so that routine service can be scheduled.

Décember 2020

- Each employee who is assigned an organization vehicle is responsible for their assigned vehicle being properly equipped and being maintained in a safe driving condition, including standard maintenance and tires.
- Vehicle must be locked while unattended.
- The employee shall be financially responsible for all losses, damage, and liabilities incurred if the vehicle is used for purposes other than business.
- Only the employee assigned to the company owned vehicle shall be allowed to drive the vehicle. Family members and friends are not allowed to drive or be transported in the vehicle.
- DWI (Driving While Intoxicated) and/or DUI (Driving Under the Influence) is absolutely
 forbidden under any circumstances and may result in dismissal. Any accident occurring
 under this condition shall be charged to the employee personally.
- All moving violations, tickets, and fines will be the personal responsibility of the employee. It is required that any violation, ticket or fine be reported to the office immediately. The fine will be paid via a payroll deduction from the employee's paycheck.
- An employee's driving record and insurability may be a condition of employment determined by the employee's position. Poor driving records are grounds for dismissal. The employee's personal driving record is reviewed annually for acceptability by the organization's insurance agent.
- The organization will pay for all costs associated with the maintenance of organization owned vehicles. However, it is the responsibility of the employee to keep the vehicle neat, clean, and in good repair. As a guide, the vehicle should be maintained per the manufacturer's recommendations. The vehicle should always present a professional image. Any damage or required repair work should be brought to the attention of the employee's supervisor for immediate action.

Commercial Driver's License

An employee's status as an authorized driver is not authorization to drive a commercial vehicle. Commercial vehicles may only be operated by authorized drivers who also hold a valid non-commercial driver's license subject to the laws of the State issuing such license. The following vehicles require operators to hold a commercial driver's license:

- Vehicles with a gross vehicle weight or combined gross weight of 26,001 lbs. or more.
- Vehicles used to haul listed hazardous materials or waste.

Personally Owned Vehicles

Some employees are required to provide their own vehicle to perform their job. Employees driving personal vehicles to conduct organization business are eligible for mileage reimbursement. The reimbursement amount will be determined by the current IRS standards. In return for that compensation, the employee must insure their vehicle and provide proof of coverage for the minimum insurance coverage required by the organization. The employee assumes liability and collision coverage for their vehicle and is the primary coverage on the vehicle in the case of an accident.

U.S. Syndrous HTmaperiston John Step South

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

Form Apprehised Claim Mail El Me 2008

lused to Quardien Companies, Inc.

| • | |
|---|--|
| of ch Shory L. Maule PO Anx 11607 Wilmington, DR 19850 | |
| Duisd at \$55 Callege Road Best Princeton, NI 02543 | this as decree as it and |
| | 600 No 11/01/2014 this 01 day of November , 2014 |
| Nume of insurance Company American Alternative Innuance Corporation | COUNT WALL |
| Countarileacd by | - Comment of the second |
| | Authorized Complete Pinneraniatius |
| The polloy to which this nadorescount is attached provides primary or decous last | name, as ladicated by "[X L" for the limits shown; |
| This formency is primary and the company shall not be liable for amounts in | |
| This largemone is expose and the company shall not be liable for amounts in an | |
| underlying limit of for such socidant. | tour of for each acaldors in executor of the |
| Whenever required by the Federal Motor Carrier Salety Administration (PMCS) | A) the moment arreas to fremlat the traces a chimilent to the city |
| and all its endorsaments. The company alto agreen, upon telephone request by a force as of a particular date, The telephone number to call in 1116714000 | is evidential representative of the PMCSA, to verify that the policy is in |
| Cancellulon of this endorsement may be affected by the company or the insure | |
| fuld 35 days notice to commance from the date the notice is mailed, proof o | of mailing shall be statistical nearly of mailing to the other party. |
| rubbal to the PMCSA's registration requirements under 49 U.S.C. 13901, by p | royking thirty (30) days notice to the PMCSA (said 30 days solice to |
| commence from the date the notice is received by the PMCJA at its office in West | ilnation, D.C.), |
| DEFINITIONS AS USED IN | THIS ENDORSHARMT |
| | Property Damage means damage to or loss of pic of traffile |
| | biobalth. |
| hoddest includes costituous or repessed exposure to costillans or which | Barironmenial Restantion meens restitution for the last, dament, or |
| milt is bodily injury, property damene, or environmental damens which he insured reditor expected nor intended, | destruction of autural resources arising out of the scoldental discharge, dispersal, release or escape into or upon the bild, |
| fotor Vehicle recens a land vehicle, mechice, truck, motor, trailer, or | stroughters, welercounts, or body of weler, of sity commodity |
| embellar propelled or drawn by mechanical power and wad on a | brosported by a motor earder. This shall include the cold of received |
| itivey for transporting property, or any combination thereof. | and the cost of necessary measures taked to minimize as militare decays to human health, the natural environment, first, shellflut, and |
| iedly lajury means injury to the body, eleknosa, or disease to any person, soluting death resulting from any of theses. | wildlife. |
| saloani cerri taating naar may at mand | Public Liability mount liability for bodily intery, property durage, and |
| | pollareiten leinemmirne |
| he lartence polloy to which this endorcoment is stacked provides | Judgment, within the limits of liability horses described interpective of |
| unmobile Vability fraumence and is amended to serure compliance by the | the financial condition, insolvency or bankruptcy of the insued. However, all terms, conditions, and limitations in the policy to which |
| norms, which the Houle stated berein, as a motor courter of property, with incident 29 and 30 of the Motor Carrier Act of 1980 and the rules and | the endormerceal is etteched shall romain in full force and effect as |
| egululous of the Pederal Motor Carrier Safety Administration (PMCSA). | binding between the insured and the company. The insuled agrees to |
| to a second and the second second second | relimbures the company for any payment made by the company or seconds of any accident, citim, or sult involving a break of the name |
| n consideration of the precident stated in the policy to which this addressed is attached, the insurer (the company) agree to pay, within | of the policy, and for any payment that the company would not have |
| he limits of lieplify described benefit, any time judgment recovered exclass | been obligated to make worder the provisions of the policy except for |
| be invered for public liability resulting from negligence in the operation, subtinance or use of motor vehicles subject to the Eneralsi responsibility | the agreement contained in this andersement. |
| equipments of Sections 29 and 30 of the Motor Carrier Act of 1980 | It is further understood and agreed that, upon failure of the company |
| eguidize of whether or not each motor vehicle is specifically described in | to pay any final fudgment recovered against the insured as provided |
| be polloy and whether or not much negligance occurs on any route or la | hersin, the judgment creditor may maintain an action in any count of |
| ny tuntiony suthorized to be served by the insured or elsewhere. Such naturate as it afforded, for public liability, does not apply to injury to or | combitient linespector status the comband to combel such payment |
| talk of the insured's employees while engaged in the course of their | The linds of the company's Hability for the amounts prescribed in this |
| molograph, or properly transported by the financed, designated as cargo, | endorsometal apply separately to each acoldent and any payment |
| is understood and sprood that no condition, provision, adjustion, or | under the polloy because of any one scoldent shall not operate to |
| initialize contained in the policy, this endorsecent, or any other adoresment thereon, or violation thereof, shall relieve the company from | reduce the liability of the company for the payment of final judgments resulting from any other accident. |
| ikilly or from the payment of any fine! | tending that any pure moneys |
| | |
| HE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NO | T PROVIDE COVERAGE. The limits shown in the subjects are for |
| Normalion purposes only. | i |
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| • | · |
| * | |
| | |

SCHEDULE OF LIMITS PUBLIC LIABILITY

| | FUBLIC LIMBILLITY . | i | |
|---|--|-----|-------------|
| Type of garrings | Commodity transported | Jan | 1, 1985 |
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weigh rating of 10,000 or more pounds). | Property (nonhazardoùs) | | \$760,000 |
| (2) For-hire and Private (in Interstate foreign; or intrestate commerce, with a gross vehicle weight rating of 10,000 cmore pounds). | 171.8, transported in cargo tanks, portable | | \$5,000,000 |
| (3) For hire and Private (in Interestate 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). | Oli listed in 48 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and | | \$1,000,000 |
| (4) For hire and Private (in Interstate of foteign commerce, with a gross vehicle weight rating of lose than 10,000 pounds). | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, | | \$5,000,000 |
| | , | | ! |



CERTIFICATE OF LIABILITY INSURANCE

9/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: | |
|--|--|-------------------|
| Horst Insurance PO Box 145 | PHONE (A/C, No, Ext): (610) 459-8285 FAX (A/C, N | o):(610) 459-9549 |
| Chadds Ford, PA 19317 | E-MAIL ADDRESS: info@horstinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Continental Casualty Co | |
| Guardian Companies, Inc. Guardian Construction Co., Inc. PO Box 11607 Wilmington, DE 19850 | INSURER B: National Fire Ins of Hartford | 20478 |
| | INSURER C: Axis Insurance Company | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F : | |

| COVERAGES | CERTIFICATE NUMBER: | 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 | | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | | | |
|------|---|----------------------------------|---|------------------|----------------------------|----------------------------|--|-----------|-----------|----|-----------|
| Α | X | COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | \$ | 1,000,000 | | |
| | | CLAIMS-MADE X OCCUR | | 7037093496 | 10/1/2023 | 10/1/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | S | 100,000 | | |
| | | | | | | | MED EXP (Any one person) | \$ | 5,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 | | |
| | GEN | V'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s | 2,000,000 | | |
| | | POLICY X PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | | |
| | | OTHER: | | | | | | \$ | | | |
| Α | + | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | | |
| | X | ANY AUTO | | BUA7037093479 | 10/1/2023 | 10/1/2024 | BODILY INJURY (Per person) | \$ | | | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | \$ | | | |
| Α | X | UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 4,000,000 | | |
| | | EXCESS LIAB CLAIMS-MADE | | CUE7037093482 | CUE7037093482 | CUE7037093482 | 10/1/2023 | 10/1/2024 | AGGREGATE | \$ | 4,000,000 |
| | | DED RETENTION\$ | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | X PER OTH- STATUTE ER | | | | | |
| | | | OR/PARTNER/EXECUTIVE Y/N WC7037093501 10/1/2023 | | 10/1/2023 | 10/1/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | |
| С | Poll | ution Liability | | CP002979-07-2022 | 11/1/2022 | 11/1/2023 | Each Claim | | 1,000,000 | | |

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

| CERTIFICATE HOLDER | |
|--------------------|--|
| | |

State of Delaware / Dept of Natural Resources / Solid & Hazardous Waste Mgmt 89 Kings Hwy 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

CANCELLATION

Saw R Keller
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Dover, DE 19901

VEHICLE INFORMATION - See Item 13 of the application.

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

| MAKE - MODEL - YEAR | TYPE | VIN # (Serial Number) | LICENSE PLATE # and STATE of REGISTRATION | mfgr's GVWR | OWNERSHIP |
|-------------------------|----------|-----------------------|---|----------------|--------------|
| GMC C3500 2004 | DUMP | 1GDJK34234E264118 | C25190 | 15,000 | GCCO # 13122 |
| CHEV C3500 2007 | DUMP | 1GBJK34U97E153703 | C91926 | 15,000 | GCCO # 13123 |
| GMC C3500 2003 | DUMP | 1GDM7J1C23F513484 | C40740 | 33,000 | GCCO # 13125 |
| FREIGHTLINER M-2 2004 | DUMP | 1FVACXAK94HN09486 | C496072 | 33,000 | GCCO # 13100 |
| INTERNATIONAL 4300 2015 | ROLLBACK | 3HAMMMML0FL061728 | C58898 | 26,000 | GCCO # 1280 |
| FORD F750 2004 | FLATBED | 3FRXX75U84V660379 | C474856 | 33,000 | GCCO # 1270 |
| FORD F450 2006 | DUMP | 1FDXF46P46EC69215 | CL90139 | 15,000 | GCCO # 2303 |
| CHEV C70 2004 | DUMP | 1GBM7C1C94F504786 | C56632 | 33,000 | GCCO # 2304 |
| CHEV C7500 1997 | FLATBED | 1GBM7H1C6WJ110627 | CL88135 | 33,000 | GCCO # 2582 |
| GMC C8500 2004 | DUMP | 1GDM8C1C94F504422 | CL39098 | 33,000 | GCCO # 13116 |
| FORD F750 2013 | DUMP | 3FRWF7FC5DV027990 | C104084 | 26,000 | GCCO # 13111 |
| FREIGHTLINER M-2 2011 | ROLLBACK | 1FVHCYBS7BDAY9821 | C58885 | 54,500 | GCCO # 1279 |
| STERLING L8500 | DUMP | 2FZAAWAK44AM41244 | CL28155 | 36,220 | GCCO # 13126 |
| STERLING L8500 | DUMP | 2FZAAWAK14AM41248 | CL40635 | 36,000 | GCCO # 13127 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



Phone: 302-834-1000 • 1-800-345-4395 • Fax: 302-526-4578

Driver List

| First Name | Last Name |
|-------------|--------------|
| JERMAIN | BANNER |
| MICHAEL | BATTEN |
| SAMUEL | CALVA-PLATA |
| JORDAN | CARLSON |
| OSCAR | CASTRO |
| KEVIN | COPENING |
| CHRISTOPHER | CRAVEN |
| ASWAN | DAUGHERTY |
| JASON | DONOVAN |
| JEFFREY | DONOVAN |
| JUSTIN | DONOVAN |
| TONY | DONOVAN |
| MICHAEL | EVELAND |
| FREDY | GARCIA |
| DANIEL | HUNTINGTON |
| COLLIN | KENNEDY |
| THOMAS | MILLER |
| MARK | MILLS |
| WILLIAM | MOOREHEAD JR |
| THOMAS | NEEDLES |
| ROBERT | PENLAND |
| ROBERT | PENLAND JR |
| BRYAN | RAMSEY |
| MOISES | RUIZ-CERDA |
| ROOSEVELT | SANDERS |
| ERIC | SIVERSON |
| DAVID | SPROUT |
| TRAVIS | SYKES |
| CARLOS | VELAZQUEZ |
| DEON | WILLIAMS |
| JAMES | WILLIAMS |

| First Name | ne Last Name | | |
|------------|--------------|--|--|
| JOHN | WILLIAMS | | |
| DAVID | WORRELL | | |

Davis, DaQuan (DNREC)

From:

Jordan Carlson < jcarlson@guardianco.com>

Sent:

Wednesday, October 2, 2024 12:12 PM

To:

WHStransporters

Cc:

Davis, DaQuan (DNREC)

Subject:

RE: Missing Information on Delaware Solid Waste Transporter Permit Application

Attachments:

COI 20251001.pdf; truck list DE Solid Waste Premit 09-2024.pdf

My apologies. I sent the wrong COI. See attached correct one.

Thanks!



Jordan Carlson Fleet Services

Phone: 302.834.1000 Ext: 230 Mobile: 302.229.8908

Fax: 302.526.4578

Physical Address: 1617 Matassino Road, New Castle, DE 19720

Mailing Address: PO Box 11607, Wilmington, DE 19850

Website: www.guardianco.com Email: jcarlson@guardianco.com

From: Jordan Carlson

Sent: Wednesday, October 2, 2024 11:52 AM

To: WHStransporters < WHStransporters@delaware.gov>

Cc: daquan.davis@delaware.gov

Subject: RE: Missing Information on Delaware Solid Waste Transporter Permit Application

Hi DaQuan,

See attached. Let me know if you have any questions.

Take care,

Since 1976

Jordan Carlson



Jordan Carlson Fleet Services

Phone: 302.834.1000 Ext: 230 Mobile: 302.229.8908

Fax: 302.526.4578

Physical Address: 1617 Matassino Road, New Castle, DE 19720

Mailing Address: PO Box 11607, Wilmington, DE 19850

Website: www.guardianco.com Email: jcarlson@guardianco.com

From: Davis, DaQuan (DNREC) < daquan.davis@delaware.gov > On Behalf Of WHStransporters

Sent: Wednesday, October 2, 2024 10:52 AM **To:** Jordan Carlson cjcarlson@guardianco.com

Subject: Missing Information on Delaware Solid Waste Transporter Permit Application

Hi Mr. Carlson,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- Section 10- The Certificate of Insurance submitted was not up-to-date and expired (Date). Please send an up-to-date Certificate of Insurance.
- Section 13- The vehicle list submitted is missing state of registrations. Please update your list.

Please provide the information requested above via e-mail within five (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
- 9 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov







JENMAT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| PRODUCER | CONTACT NAME: | | | | |
|---|---|----------------------------------|--|--|--|
| Horst Insurance PO Box 145 | PHONE (A/C, No, Ext): (610) 459-8285 | FAX (A/C, No): (610) 459-9549 | | | |
| Chadds Ford, PA 19317 | E-MAIL ADDRESS: info@horstinsurance.com | | | | |
| | INSURER(S) AFFORDING COVER | AGE NAIC # | | | |
| | INSURER A: Travelers Indemnity Co. | 25658 | | | |
| INSURED | INSURER B : Continental Casualty Co | 20443 | | | |
| Guardian Companies, Inc. | INSURER C: Travelers Prop Cas Co of A | mer 25674 | | | |
| Guardian Construction Co., Inc. PO Box 11607 | INSURER D : Charter Oak Fire Ins Co | 25615 | | | |
| Wilmington, DE 19850 | INSURER E : Axis Insurance Company | | | | |
| | INSURER F: | | | | |

COVERAGES

CERTIFICATE NUMBER:

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| | | TYPE OF INSU | JRANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | |
|---|--|---------------------|-------------------------|---------------------|---------------------------|--|-----------------------------|--|-----------|-----------|
| A | X | COMMERCIAL GENE | RAL LIABILITY | 11130 1110 | | Immobility | (MINIOCE TTTT) | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | DT-CO-A0255422-IND-24 | 10/1/2024 | 10/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 300,000 | | |
| | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | 1 | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | L AGGREGATE LIMIT | APPLIES PER | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY X PRO- | LOC | | | | | PRODUCTS - COMPIOP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| В | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | 1,000,000 |
| | X | ANY AUTO | | | 810A02263092426G | 10/1/2024 | 10/1/2025 | BODILY INJURY (Per person) | S | |
| | | OWNED AUTOS ONLY | SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | S | |
| С | X | UMBRELLA LIAB | X OCCUR | | | | | EACH OCCURRENCE | S | 4,000,000 |
| | | EXCESS LIAB | CLAIMS-MADE | | UP-A0277948-24-26 10/1/20 | 10/1/2024 | 10/1/2025 | AGGREGATE | \$ | 4,000,000 |
| | | DED RETENT | ON 5 | | | | | | S | |
| | | KERS COMPENSATIO | 7 | | | | | X PER OTH- | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | UB-A0255366-24-26-G | 10/1/2024 | 10/1/2025 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | | N/A | | | | E L. DISEASE - EA EMPLOYEE | s | 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | s | 1,000,000 | |
| E | Poll | ution Liability | | | CP002979-07-2024 | 10/1/2024 | 10/1/2025 | Each Claim | | 1,000,000 |
| | | | | | | | | | | |

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

| | CANCELLATION |
|--|--|
| State of Delaware / Dept of Natural Resources / Solid & Hazardous Waste Mgmt 89 Kings Hwy | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Dover, DE 19901 | AUTHORIZED REPRESENTATIVE |

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER

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JENMAT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/27/2024

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| PRODUCER | CONTACT NAME: | | | | |
|---|--|----------------------------------|--|--|--|
| Horst Insurance PO Box 145 | PHONE (A/C, No, Ext): (610) 459-8285 | FAX (A/C, No): (610) 459-9549 | | | |
| Chadds Ford, PA 19317 | E-MAIL ADDRESS: info@horstinsurance.com | | | | |
| | INSURER(S) AFFORDING CO | VERAGE NAIC # | | | |
| | INSURER A: Travelers Indemnity Co. | 25658 | | | |
| INSURED | INSURER B: Continental Casualty Co | 20443 | | | |
| Guardian Companies, Inc. | INSURER C: Travelers Prop Cas Co of | f Amer 25674 | | | |
| Guardian Construction Co., Inc. PO Box 11607 | INSURER D : Charter Oak Fire Ins Co | 25615 | | | |
| Wilmington, DE 19850 | INSURER E : Axis Insurance Company | | | | |
| | INSURER F : | | | | |

COVERAGES

CERTIFICATE NUMBER:

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INSR!

| ADDI-ISJERS|
| POLICY EFF | POLICY

| NSR LTR | | TYPE OF INSURANCE | ADDL SUBF | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | |
|------------|---|--|-----------|-----------------------|----------------------------|---------------|--|----|-----------|
| A | X | COMMERCIAL GENERAL LIABILITY | INSU WYD | | Immioorititi | [mmoo/1111] | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | DT-CO-A0255422-IND-24 | 10/1/2024 | 10/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 |
| | | | | | | | MED EXP (Any one person) | s | 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| | GEN | VL AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s | 2,000,000 |
| | | POLICY X PRO- | | | | | PRODUCTS - COMP/OP AGG | s | 2,000,000 |
| | | OTHER: | | | | | | s | |
| В | AUT | OMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | S | 1,000,000 |
| | X | ANY AUTO | | 810A02263092426G | 10/1/2024 | 10/1/2025 | BODILY INJURY (Per person) | 5 | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | s | |
| | | AUTOS ONLY NON-OWNED | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| С | X | UMBRELLA LIAB X OCCUR | | | | 024 10/1/2025 | EACH OCCURRENCE | \$ | 4,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | CUP-A0277948-24-26 | P-A0277948-24-26 10/1/2024 | | AGGREGATE | S | 4,000,000 |
| | | DED RETENTIONS | | | | | | S | |
| D | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | X PER OTH- | | |
| | | | N/A | UB-A0255366-24-26-G | 10/1/2024 | 10/1/2025 | E.L. EACH ACCIDENT | S | 1,000,000 |
| | | | N/A | | | | E.L. DISEASE - EA EMPLOYEE | s | 1,000,000 |
| | DÉS | describe under CRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | s | 1,000,000 |
| | Poll | ution Liability | | CP002979-07-2024 | 10/1/2024 | 10/1/2025 | Each Claim | | 1,000,000 |

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

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| State of Delaware / Dept of Natural Resources / Solid & Hazardous Waste Mgmt 89 Kings Hwy | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Dover, DE 19901 | Laus R Keller |

ACORD 25 (2016/03)

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VEHICLE INFORMATION - See Item 13 of the application.

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

| MAKE - MODEL - YEAR | TYPE | VIN # (Serial Number) | LICENSE PLATE # and STATE of REGISTRATION | mfgr's GVWR | OWNERSHIP |
|-------------------------|----------|-----------------------|--|----------------|--------------|
| GMC C3500 2004 | DUMP | 1GDJK34234E264118 | C25190 DE | 15,000 | GCCO # 13122 |
| CHEV C3500 2007 | DUMP | 1GBJK34U97E153703 | C91926 DE | 15,000 | GCCO # 13123 |
| GMC C3500 2003 | DUMP | 1GDM7J1C23F513484 | C40740 DE | 33,000 | GCCO # 13125 |
| FREIGHTLINER M-2 2004 | DUMP | 1FVACXAK94HN09486 | C496072 DE | 33,000 | GCCO # 13100 |
| INTERNATIONAL 4300 2015 | ROLLBACK | 3HAMMMML0FL061728 | C58898 DE | 26,000 | GCCO # 1280 |
| FORD F750 2004 | FLATBED | 3FRXX75U84V660379 | C474856 DE | 33,000 | GCCO # 1270 |
| FORD F450 2006 | DUMP | 1FDXF46P46EC69215 | CL90139 DE | 15,000 | GCCO # 2303 |
| CHEV C70 2004 | DUMP | 1GBM7C1C94F504786 | C56632 DE | 33,000 | GCCO # 2304 |
| CHEV C7500 1997 | FLATBED | 1GBM7H1C6WJ110627 | CL88135 DE | 33,000 | GCCO # 2582 |
| GMC C8500 2004 | DUMP | 1GDM8C1C94F504422 | CL39098 DE | 33,000 | GCCO # 13116 |
| FORD F750 2013 | DUMP | 3FRWF7FC5DV027990 | C104084 DE | 26,000 | GCCO # 13111 |
| FREIGHTLINER M-2 2011 | ROLLBACK | 1FVHCYBS7BDAY9821 | C58885 DE | 54,500 | GCCO # 1279 |
| STERLING L8500 | DUMP | 2FZAAWAK44AM41244 | CL28155 DE | 36,220 | GCCO # 13126 |
| STERLING L8500 | DUMP | 2FZAAWAK14AM41248 | CL40635 DE | 36,000 | GCCO # 13127 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |