

RECEIPT

DATE

10/07/24

No.

654591

RECEIVED FROM

Keystone Med Waste Solutions, LLC

\$ 350.00

Three hundred fifty and $\frac{20}{100}$

DOLLARS

 FOR RENT FOR

New SW-2091 App

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARD

FROM

5400960672

TO

BY

M.M.

3-11



RECEIVED

OCT 07 2024

DNREC - WHS

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

ALL OTHERS

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

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

2. Release to Public

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

3. Company Information

Company Name Keystone Med Waste Solutions, LLC

Location Address:	Mailing Address:
613-D Liberty St	613-D Liberty St
Martinsville, VA 24112	Martinsville, VA 24112

Contact: Debra Desiderato Title: General Manager/Officer

Business Phone: 540-240-9995 Fax: _____

E-mail: Debbie@keystonemedwaste.com

24 hr Emergency Contact Phone: ██████████

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: D.E
- Other: (must specify) _____

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

Attachment _____

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

- Attachment A
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

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

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

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
 - Delaware Solid Waste Authority locations: (attachment) _____
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) B

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
 - Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.

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

- Attachment C
- No transporter permits in other states

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

DOT# 4262293 MC# 1653944

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input checked="" 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 Page 6

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
- (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

- ✓ Driver Training, attachment E

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

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

- Attachment _____
 No violations within the specified time period

16. Certification

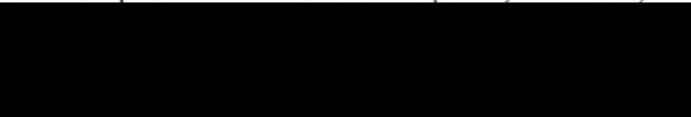

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for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

**Signature  Date 10/2/24

Print Name Debra Desiderato Title General Manager/Officer

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6). Spill Kit, PPE, Disinfectant, Absorbent pads + Barriers
 - 7) Red bags, Bins, Boxes, Spill Kit bucket + Lid
- (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). Daily Vehicle pre trip inspection
 - 2). Daily Spill Kit Supplies + Ppe inspection
- (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 person:
Name: Debra Desiderato Phone: 
Cell: 
- (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.



613-D Liberty Street, Martinsville, VA 24112
540-240-9995

DELAWARE

**INFECTIOUS WASTE
OPERATING PLAN**

INFECTIOUS WASTE OPERATING PLAN

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PURPOSE:

Keystone Med Waste Solutions, LLC
613-D Liberty St. Martinsville, VA 24112
540-240-9995

Keystone Med Waste Solutions, LLC operates a fleet of modern, licensed vehicles employed in the transportation of, and the remedial response to emergencies related to regulated and infectious wastes.

All vehicles are equipped with spill kits that meet or exceed regulations and are maintained aboard each vehicle to respond to a spill of that particular vehicle's full waste capacity and waste type. All vehicle operators are trained to carry out comprehensive remedial actions in the event of a spill or release of regulated medical or infectious waste into the environment.

Keystone Med Waste Solutions, LLC can dispatch 24-hours daily with additional emergency vehicles to a spill site to assist an involved vehicle and operator at an incident site. Since vehicles are equipped with cellular phones, and as well, all daily regularly scheduled vehicle routes are monitored, emergency response vehicles can be dispatched from a variety of locations (see emergency equipment below).

Upon notification of an emergency incident, and the nature of the incident, an immediate decision is made by the emergency coordinator whether to dispatch additional vehicles and trained personnel to the incident site or, under the known appropriate circumstance, to allow the involved operator to conduct clean up activity and file his/her incident report. The emergency coordinator will decide upon whom, the involved operator or the emergency coordinator, shall perform remedial tasks.

All spill areas to be sectioned off with yellow caution/biohazard safety tape and bio-hazard placards and appropriate protective gear/garb will be done by our personnel. There upon immediate clean-up procedures shall commence. All waste not spilled, or involved, shall be secured to prevent further potential contamination. Clean-up procedures will include, depending upon the circumstances of the spill or involvement.

- All spilled waste is to be collected by means that facilitates rapid containment and minimizes occupational hazards and environmental contamination. All spilled wastes are to be contained and sealed in red bags and leak proof, rigid fiber and corrugated containers.
- Decontamination procedure shall be conducted upon all exposed hard surfaces as required and allowed by regulations including equipment used in clean-up activity. All disposable equipment shall be separately sealed and contained in a manner that minimizes occupational hazards. Reusable emergency equipment shall be secured for transport.
- All clean-up procedures shall be documented and recorded in writing.
- All contained wastes, emergency equipment and the involved vehicle(s) shall return to Keystone Med Waste Solutions, LLC facility for vehicle and equipment decontamination and incineration of all wastes at an appropriate site as permitted by regulation.

Labeling:

- All biomedical waste red bags and sharps containers are labeled with the biohazard symbol.
- Outer Containers are labeled with our name, address, 24-hour phone number, and the biohazard symbol.
- Disposable boxes are labeled with our name, address, USDOT#, 24 hour phone number, and the biohazard symbol.

SPILL CONTROL PLAN

LIST OF EMERGENCY RESPONSE AGENCIES

Delaware Emergency Reporting Numbers:

**1-800-662-8802 or
302-739-9401**

LIST OF EMERGENCY COORDINATORS
PRIMARY COORDINATOR

General Manager

Debbie Desiderato

Keystone Med Waste Solutions, LLC
613D Liberty St.
Martinsville, VA 24112

PHONE: (540) 240-9995 Business Hours

PHONE: [REDACTED] After Hours (24/7)

SECONDARY COORDINATOR

Safety Manager

Gary Koger

Keystone Med Waste Solutions, LLC
613D Liberty St.
Martinsville, VA 24112

PHONE: (540) 240-9995 Business Hours

PHONE: [REDACTED] After Hours (24/7)

At least one emergency coordinator shall be present at the Keystone Med Waste Solutions, LLC facility whenever vehicles have been dispatched/scheduled or in route for the transportation of infectious waste.

The emergency coordinator has full authority to commit any resources he/she deems necessary in order to carry out this Contingency Plan.

Protocol For Spills Inside Truck

- Step 1:** Put your PPE on (protective equipment)
- Step 2:** Identify the substance
- Step 3:** Using absorbent pads and bumpers from your spill kit, contain the spill.
- Step 4:** Once all liquid is absorbed, place all contaminated pads, bumpers and anything else used to absorb into the empty spill kit container.
- Step 5:** Put contaminated, shovel, broom, dustpan into the spill kit container also.
- Step 6:** Using antibacterial solution, spray all contaminated surfaces and let it sit for 5 minutes.
- Step 7:** Using absorbent pads or paper towels, clean up the solution and place materials into the spill kit container .
- Step 8:** Spray floor of truck with antibacterial solution again.
- Step 9:** Remove all PPE and place into the spill kit container.
- Step 10:** Place the spill kit container into a new biowaste box, bin or bag.
- Step 11:** Secure package inside of truck using E-trac straps or cargo bars.
- Step 12:** Complete the incident report and send to management

Large Spill Protocol

- Step 1: Evacuate the area if necessary**
- Step 2: Seal off the area using caution tape**
- Step 3: Contact Management at 540-240-9995, if after hours contact Emergency Response Coordinator at [REDACTED]**
- Step 4: Contact Delaware Department Emergency Reporting Number: 800-662-8802 or 302-739-9401**
- Step 5: Put on your PPE (protective equipment)**
- Step 6: Use the spill kit bumpers to contain the spill**
- Step 7: Be available to provide assistance to the emergency response team if necessary.**
- Step 8: Dispose of contaminated materials into the spill kit container and/or waste bags, bins, and boxes.**
- Step 9: Using antibacterial solution, disinfect the contaminated areas.**
- Step 10: Complete the Keystone Incident Report and send to management.**

BIOMEDICAL SPILL REPORT FORM

Instructions: Use this form to report any biohazard, spills or any other occurrence that presents a safety concern regarding biomedical waste or sharps. This form must be completed by the person involved in the incident. Please fill out the requested information as appropriate, then email the completed form to Debbie@keystonemedwaste.com as soon as practical.

I. REPORT INFO

Report Date:

Name: _____ Phone: _____

II. INCIDENT INFO

Date and time of incident: _____

III. INCIDENT DETAILS

A. TYPE OF SPILL (select all that apply)

Sharps injury (needlestick, puncture, cut, scratch)

Splash onto clothing or skin

Spill

Other (describe): _____

B. Materials involved (select all that apply)

Biohazardous Waste

Sharps

Other (describe): _____

C. Narrative

Please describe the incident (exactly what happened, how it happened, any exposures/injuries, first aid or medical attention sought, cleanup/containment actions, notifications, etc).

III. FOLLOW UP

Please describe any further follow-up planned, including the actions you will take to prevent a similar incident in the future (specific procedural or equipment changes, review/retraining, etc.).

Signature (electronic is acceptable):

Attachment : A

Parent Company Name:

**Redwood Holding, LLC
302 E. Washington St. #1134
Monroe, Georgia**

Percentage of ownership: 100%

Attachment B:

The treatment facility where the waste will be dropped off for treatment is:

**Curtis Bay
3200 Hawkins Point Road
Baltimore, Maryland 21226**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
BIOMEDICAL WASTE GENERATOR
TRANSPORTER STORAGE TREATMENT
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 16-64-2975275 Name of Facility: Keystone Med Waste Solutions, LLC Address: 613-D Liberty Street City, Zip: Patrick Springs 24133 Type: Transporter Owner: Quintana, Adrienne Person In Charge: Debbie Desiderato Phone: 5402409995 PIC Email: debbie.desiderato@keystonemedwaste.com	Correct By: None Re-Inspection Date: None
--	--

Inspection Information

Purpose: Routine Inspection Date: 9/23/2024	Begin Time: 09:15 AM End Time: 09:45 AM
--	--

Additional Information

No Additional Information Available

Items marked below are not in compliance with the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

1. Permit/Exemption/Registration	5. Segregation	9. Labeling
2. Written Plan	6. Containers	10. Transfer/Transport
3. Training	7. Storage	11. Treatment Method:
4. Records	8. Transport Vehicle(s)	12. Other

General Comments

Truck is properly labeled. Training is up to date. Transporter has spill kit available. Transporter has red bags and storage container available. Template of manifest available. Operating plan available. Overall conditions are satisfactory. Permit approved for release. Email Address(es): debbie.desiderato@keystonemedwaste.com;

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

Attachment D:

DRIVER REQUIREMENTS: Part 1

- Drivers are required to be licensed for the type of vehicle they will be operating (CDL or non CDL).
- Drivers are required to be vaccinated against Tetanus and Hepatitis B.
- Drivers are required to maintain a current and valid DOT Medical Card.
- Drivers licenses are checked pre-employment and annually.
- Drivers are trained in Biomedical and Infectious Waste Management via training videos annually.
- Drivers are required to take Bloodborne Pathogens training and obtain a certificate of completion annually.
- Drivers are required to attend a monthly safety meeting, mock spill containment demonstrations are held.
- Drivers are required to maintain and document a log that will contain waste amounts, dates and signatures to verify pick up and delivery.
- Drivers are required to do a daily pre-trip inspection on the vehicle condition and safety items including:
 - Reflectors and / or flares
 - Fire Extinguisher
 - First aid kit
 - Flashlight

Attachment D:

DRIVER REQUIREMENTS: Part 2

- Drivers are required to do a daily pre-trip inspection on the spill kit supplies and PPE.
- Driver's are equipped with an ample supply of biomedical waste bags and boxes.
- Driver's have a spill kit available with the following contents:
 - Heavy Duty Gloves
 - Disinfectant, PPE
 - Absorbent Pads
 - Absorbent barriers
 - Safety goggles
 - Caution tape
 - Dust pan & broom
 - Spill Kit Bucket with lid
- Red bags, sharps containers, and other containers of biomedical waste, when sealed, will not be reopened. Ruptured or leaking packages of infectious waste will be placed into a larger container without disturbing the original seal.



Attachment: E: Waste Training Attendance

Facility Name: KEYSTONE MED WASTE SOLUTIONS

Trainer's Name: MANAGEMENT OF BIOMEDICAL WASTE IN FLORIDA

DURATION: 22 MIINUTES

Purpose: _____ Initial Assignment: _____ Annual _____ Update

<u>Name: (Print)</u>	<u>Signature:</u>	<u>Date Completed:</u>
Debra Desiderato		8/27/24
Gary Koger		8/27/24

PAYCHEX FLEX

CERTIFICATE OF ACHIEVEMENT

FOR

Debra Desiderato

FOR

Safety: Bloodborne Pathogens Including Personal
Protective Equipment

COMPLETION DATE

August 13, 2024

SCORE

100%

PAYCHEX FLEX

CERTIFICATE OF ACHIEVEMENT

Gary Kroger

**Safety: Bloodborne Pathogens Including Personal
Protective Equipment**

COMPLETION DATE

August 13, 2024

SCORE

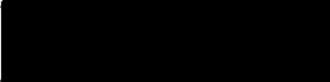
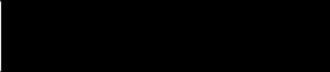
100%

Attachment F:

VEHICLE LIST

MAKE, MODEL, YEAR	TYPE	VIN#	LICENSE PLATE # and STATE OF REGISTRATION	Mfgr's GVWR	OWNERSHIP
2017 Hino 268	Box	5PVNJ8JV9H4S65886	UC29685 - Virginia	25,950	Keystone Med Waste Solutions

List of Vehicle Operators

Name	License Number	State Issued	Class
Gary Koger		Virginia	B
Debbie Desiderato		Virginia	A

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

OMB No: 2126-0008
Expiration: 05/31/2024
Form MCS-90 Revised 06/03/2021

USDOT Number: 4262293 Date Received: _____

**FORM MCS-90
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to KEYSTONE MED WASTE SOLUTIONS
(Motor Carrier name)

of 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112
(Motor Carrier state or province)

Dated at 04:07 PM on this 23rd day of July, 2024
Amending Policy Number: CA 984297702 Effective Date: 07/23/2024
Name of Insurance Company: Progressive Northern Insurance Co

Countersigned by: 
Authorized company representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-895-2886.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

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

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

Item One - Named insured

KEYSTONE MED WASTE SOLUTIONS
613 LIBERTY ST # 2D
MARTINSVILLE, VA 24112

Policy number: 984297702

Underwritten by:
Progressive Northern Insurance Co
NAIC Number: 38628
August 5, 2024
Policy Period: Jul 23, 2024 - Jul 23, 2025
Page 1 of 2

progressivecommercial.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began the later of July 23, 2024 at 12:01 a.m. or the effective time shown on your application. This policy period ends on July 23, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms CA2121 (07/23), MCS90 (99/99), 4881VA (02/19), 4852VA (06/18) and Z228VA (09/18).

The named insured organization type is a corporation.

Policy changes effective August 2, 2024

Changes processed on:	August 2, 2024 12:37 p.m.
Premium change:	\$129.00
Changes:	Coverage has been changed on the policy. Uninsured Motorist Bodily Injury and has been changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability Coverage			\$6,000
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury and Property Damage	\$1,000,000 combined single limit (included in combined single limit)	\$200	211
Medical Expense	Rejected		--
Income Loss	Rejected		--
Comprehensive			451
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,275
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$7,939
Federal Filing Fee			35
Total 12 month policy premium and fees			\$7,974

Davis, DaQuan (DNREC)

From: Debbie Desiderato <debbie@keystonemedwaste.com>
Sent: Thursday, October 10, 2024 2:01 PM
To: WHStranporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application
Attachments: MSC90.pdf

Debbie Desiderato | General Manager

+1 540-240-9995

Cell 276-229-8878

www.keystonemedwaste.com



This email is confidential. Any information transmitted including but not limited to proprietary, business-confidential and/or privileged material is intended solely for the person or entity to which it is addressed

On Thu, Oct 10, 2024 at 10:32 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Great.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

daquan.davis@delaware.gov

[89 Kings Hwy SW, Dover, DE 19901](https://www.google.com/maps/place/89+Kings+Hwy+SW,+Dover,+DE+19901)

dnrec.delaware.gov



From: Debbie Desiderato <debbie@keystonemedwaste.com>
Sent: Thursday, October 10, 2024 10:08 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

Just waiting for the insurance company to fax the updated MCS-90, will forward to you as soon as I get it.

On Thu, Oct 10, 2024 at 10:06 AM WHStranporters <WHStranporters@delaware.gov> wrote:

I would appreciate it.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

 302-739-9403

 daquan.davis@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Debbie Desiderato <debbie@keystonemedwaste.com>

Sent: Thursday, October 10, 2024 8:57 AM

To: WHStranporters <WHStranporters@delaware.gov>

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

You're right, it does.

I will get this taken care of today and re-send to you.

Thank you

Debbie Desiderato | General Manager
+1 540-240-9995

Cell 276-229-8878

www.keystonemedwaste.com



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On Thu, Oct 10, 2024 at 8:55 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Good morning,

I need something corrected. Based on the Certificate of Insurance, the MCS-90 endorsement form you submitted initially has the incorrect insurance amount of 750,000. Please provide an MCS-90 form with an insurance amount of 1,000,000.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

 302-739-9403

 daquan.davis@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](https://www.google.com/maps/place/89+Kings+Hwy+SW,+Dover,+DE+19901)

 dnrec.delaware.gov



From: Debbie Desiderato <debbie@keystonemedwaste.com>
Sent: Wednesday, October 9, 2024 4:40 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

Good afternoon,

My apologies for the incomplete application.

I have included the missing information as well as a certificate of incumbency that shows my position in the company.

Please let me know if you have questions or concerns

Best regards,

On Wed, Oct 9, 2024 at 2:11 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Ms. Desiderato,

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 4(b)-No ownership information was submitted. Please provide ownership information which includes the dates of birth, ownership percentage, and mailing addresses.
- Section 10- You did not submit a certificate of insurance. Please provide this form and ensure you have the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is [89 Kings HWY, Dover, DE 19901](#).
- Section 16- Please have the owner sign and date the application. No ownership information was provided for 4(b).

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

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



Debbie Desiderato | General Manager
+1 540-240-9995

Cell 276-229-8878

www.keystonemedwaste.com



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--

Debbie Desiderato | General Manager
+1 540-240-9995

Cell 276-229-8878

www.keystonemedwaste.com



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Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RR, Washington, D.C. 20590.

U.S. Department of Transportation Federal Motor Carrier Safety Administration

OMB No: 2126-0008 Expiration: 05/31/2024 Form MCS-90 Revised 06/03/2021

USDOT Number: 4262293 Date Received: _____

FORM MCS-90 ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Issued to KEYSTONE MED WASTE SOLUTIONS (Motor Carrier name) of 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112 (Motor Carrier State or province)

Dated at 09:22 AM on this 10th day of October, 2024 Amending Policy Number: CA 984297702 Effective Date: 10/10/2024 Name of Insurance Company: Progressive Northern Insurance Co

Countersigned by: [Signature] Authorized company representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- [X] This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident. [] This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-895-2886.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

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

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity, or in intrastate commerce, in bulk only, with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (in interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2 or 1.3 material, any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

**CERTIFICATE OF INCUMBENCY
FOR
KEYSTONE MED WASTE SOLUTIONS, LLC**

The undersigned, being the Manager of Keystone Med Waste Solutions, a Delaware limited liability company, hereby certifies that:

1. The Limited Liability Company Agreement of the Company is dated December 8, 2022 and has been amended by the First Amendment to Limited Liability Company Agreement of the Company dated as of August 1, 2024 (as so amended, the "Operating Agreement"). Except as expressly provided in such First Amendment, the Operating Agreement remains unchanged and in full force and effect.
2. The Manager of the Company is Adrienne Quintana, who was appointed in such position under Section 6 of the Operating Agreement. Such appointment is and remains in full force and effect as of the date hereof.
3. Pursuant to a Resolution dated September 10, 2024, and in accordance with the terms of the Operating Agreement, Adrienne Quintana has appointed Debbie Desiderato to serve as a General Manager of the Company to undertake certain day-to-day management tasks until such time as such appointment is modified or terminated in the sole discretion of Adrienne Quintana.
4. One hundred percent (100%) of the membership interests of the Company are owned by Redwood Holding LLC. Adrienne Quintana was and remains the Chief Executive Officer and President of Redwood Holding LLC.

Dated this 10 day of September, 2024.

KEYSTONE MED WASTE SOLUTIONS, LLC

Docusigned by
Adrienne Quintana

By: Adrienne Quintana, Manager

Attachment A:

B. Ownership:

Name: Adrienne Quintana

Title: CEO

DOB: [REDACTED]

**Mailing Address: 302 E. Washington St. #1134
Monroe, Georgia 30655**

Percentage of Ownership: 100%

C. Parent Company Name:

Redwood Holding, LLC

302 E. Washington St. #1134

Monroe, Georgia 30655

Percentage of ownership: 100%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2024

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 Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing <table style="width: 100%;"> <tr> <td style="width: 50%;">PHONE (A/C, No, Ext): 1-800-444-4487</td> <td style="width: 50%;">FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: progressivecommercial@email.progressive.com</td> </tr> </table>	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):	E-MAIL ADDRESS: progressivecommercial@email.progressive.com									
PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):												
E-MAIL ADDRESS: progressivecommercial@email.progressive.com													
INSURER(S) AFFORDING COVERAGE													
INSURED KEYSTONE MED WASTE SOLUTIONS 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112	<table style="width: 100%;"> <tr> <td>INSURER A: Progressive Northern Insurance Company</td> <td>NAIC # 38628</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Progressive Northern Insurance Company	NAIC # 38628	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Progressive Northern Insurance Company	NAIC # 38628												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** 512659751930540548D100924T201509 **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
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <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	N	N	984297702	07/23/2024	07/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	984297702	07/23/2024	07/23/2025	\$

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

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control 89 King Highway Dover, DE 19901	CANCELLATION <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Mark P... <i>(Signature)</i></div>
--	--

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AGENCY CUSTOMER ID: _____
 LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Progressive Insurance	NAMED INSURED KEYSTONE MED WASTE SOLUTIONS 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112
POLICY NUMBER 984297702	EFFECTIVE DATE: 07/23/2024
CARRIER Progressive Northern Insurance Company	NAIC CODE 38628

ADDITIONAL REMARKS

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

Description of Location/Vehicles/Special Items

Scheduled autos only

2017 HINO 258/268 5PVNJ8JV9H4S65886

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Uninsured Motorist BI/PD	\$1,000,000 Combined Single Limit w/\$200 Ded

Liability coverage may not apply to all scheduled vehicles.