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OCT 17 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

☐ Five Years - \$275.00

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. Expiration Date 12/31/2024 Renewal: Permit # DE-SW- 1502 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. **ALL OTHERS** SCRAP TIRES ONLY ☐ One Year - \$350.00 ☐ One Year - \$75.00 ☐ Two Years - \$650.00 ☐ Two Years - \$125.00 ☐ Three Years - \$950.00 ☐ Three Years - \$175.00 ☐ Four Years - \$1250.00 Four Years - \$225.00

Five Years - \$1550.00

Solid Waste Transporter Application Page  $\bf 2$  of  $\bf 6$ 

2.	Rele	ease to Public	
3.	Con	npany Information	
	Com	npany Name The Delaware State Fair, Inc	
_			
Lo	cation	Address:	Mailing Address:
18	500 S	S. DuPont Hwy. Harrington, DE. 19952	P.O. Box 28 Harrington, DE. 19952
Co	ntact:	George Scuse JrTitl	e: Facilities Manger
Bu	siness	Phone: 302-398-7008 Fax	x: <u>302-398-5030</u>
E-1	mail:	george@thestatefair.net	
Contact: George Scuse Jr.  Business Phone: 302-398-7008  E-mail: george@thestatefair.net  24 hr Emergency Contact Phone: 302-242-6292 (mobile)  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: Harrington Municipality Public institution Limited Liability Corporation (LLC) State:  Other: (must specify) 501-C3 non-profit Corp. (Fair)			
		you wish to be included on the list of transporters that is provided to persons requesting a list of aware permitted solid waste transporters?   Yes	
	(a).	☐ Proprietorship ☐ Partnership	on, indicate city, state, and date of incorporation.
		City: Harrington Sta	te: DE. Date: 10/10/2024
		<ul> <li>☐ Municipality</li> <li>☐ Public institution</li> <li>☐ Limited Liability Corporation (LLC) States</li> </ul>	rate:
	(b).	date of birth, and % ownership. Include al	ficer, attach a list with name, title, mailing address, I stockholders owning greater than 5% outstanding
		Attachment n/a as to stock HOLDERS	
	(c).		

Solid Waste Transporter Application Page 3 of 6

# 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 oal 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 (c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? $\square$ Yes $\square$ No $\square$ N/A (d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?

(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 <b>all</b> solid waste Treatment, Storage, I Facilities and Transfer Stations to which the waste will be tran		Reclamation
		☐ Delaware Solid Waste Authority locations: (attachment)☐ Clean Earth of New Castle, Inc. (thermal treatment facilit☐ Delaware Recyclable Products, Inc. (dry waste, commerc☐ Other in-state solid waste facilities, including private facil☐ Out of state solid waste TSD facilities: (attachment)☐	y for PHC-soils) ial, industrial, and P 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 Delawar	e is your
		☐ Attachment Not applicable-No transporter permit required for these sol	id waste types in ou	ir 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# MC#		
		✓ N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	ng page, as to why	you are not
10.	Prod	f of Financial Responsibility		
	Dela Insur Depa	transporter must submit proof of financial responsibility a ware's <i>Regulations Governing Solid Waste</i> . This proof may rance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the <b>Depart ronmental Control, Compliance and Permitting Section</b> as	be established by a y other means app ment of Natural Re	Certificate of oroved by the esources and
	(a).	Are you for-hire in interstate commerce?  Yes  No (F business of transporting, for compensation or payment, wastes than your own.)		
		Do you transport in the State of Delaware Only (Intrastate)?  Do you transport Interstate?		] No ] No

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

	FOR-HIRE INTERSTAT	E	ALL OTHERS
Residential Waste	\$750,000.00 + MC	CS-90 □	\$350,000.00
Commercial Waste	\$750,000.00 + MC	CS-90 □	\$350,000.00
Industrial Waste	\$750,000.00 + MC	CS-90 □	\$350,000.00
Dry Waste	\$750,000.00 + MC	CS-90 □	\$350,000.00
Ash	\$750,000.00 + MC	CS-90 □	\$350,000.00
Infectious Waste	\$1,000,000.00 + MC	CS-90 □	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MC	CS-90 □	\$350,000.00
Asbestos	\$1,000,000.00 + MC (For Hire & Prive		\$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.

V	Snill	Control	Plan:	Attachment	

#### 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	
	DIIVCI	manning,	attacilitient	

submitting false information.

#### 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 ☐ Yes 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

Date 18.10.24

Title Govern Mauston

Print Name DANNY Aguilar

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

THE DELAWARE STATE FAIR, INC. 18500 SOUTH DuPONT HIGHWAY POST OFFICE BOX 28 HARRINGTON, DE 19952-0028



PHONE: (302) 398-3269

FAX: (302) 398-5030

WEBSITE: www.delawarestatefair.cor

E-MAIL: info@thestatefair.net

# Solid Waste Transporter Permit Application Attachment

- 4. (b) R. Ronald Draper, President PO Box 28, Harrington, DE 19952 Kenneth Clark, 1st Vice President - PO Box 28, Harrington, DE 19952 Harvey Kenton, 2nd Vice President - PO Box 28, Harrington, DE 19952 Jeanie DeLeo, 3rd Vice President - PO Box 28, Harrington, DE 19952 Mark Breeding, 4th Vice President - PO Box 28, Harrington, DE 19952 C. Douglas Crouse, Treasurer - PO Box 28, Harrington, DE 19952 Danny R. Aguilar, Secretary - PO Box 28, Harrington, DE 19952
- 5. The Delaware State Fair, Inc. 18500 South DuPont Highway, Harrington, DE 19952
- 8. (b) Delaware Solid Waste Authority 1170 South DuPont Boulevard, Milford, DE 19963
- 9. (c) N/A We are not required to have a DOT# because we do not leave the state with our trucks.
- 12. (a). We require all of our driver's to hold a COL License in order to drive the trucks.
  - (b). We run every driver's OMV records once a year in order to maintain quality driver's operating our trucks.
  - (c). Every driver must go through an in-house driver training course once a year in order to be up to date on proper operating procedures, spill control procedures, and any new rules or regulations regarding the transporter permit.
- 13. 1. STRG 2003 Model CC4 Registration# CL92130 VIN# 2FZACGAK93AL75790 MGWR 33,000 2.PTRB 2020 Registration# CL145061 VIN# 3BPDLKOX7LF107389

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
STRG CC4 2003		2FZACGAK93AL75790	CL92130 DE.	33000	The Delaware State Fair, Inc.
PTRB 2020		3BPDLK0X7LF107389	C145061 DE.	66000	The DElaware State Fair, Inc.

#### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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-		/		1			2				

- 1). Reflectors and/or flares
- 2). Fire extinguisher
- 3). First aid kit
- 4). Heavy-duty gloves, hard hat
- 5). Flashlight
- 6).
- (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).
  - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: Phone:

(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.

THE DELAWARE STATE FAIR, INC. 18500 SOUTH DuPONT HIGHWAY POST OFFICE BOX 28 HARRINGTON, DE 19952-0028



PHONE: (302) 398-3269

FAX: (302) 398-5030

WEBSITE: www.delawarestatefair.com

E-MAIL: info@thestatefair.net

#### SPILL CONTROL PLAN

- 1. Spill control and safety equipment carried in each vehicle
  - Reflectors and/or flares
  - Fire Extinguisher
  - First aid kit
  - Heavy-duty gloves, hard hat, safety glasses

# 2. Spill Reporting

- If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if injured, will contact the following designated company coordinator: George Scuse, Office Phone: 302-398-7008, or Cell Phone: 302-242-6292
- 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,
  diesel fuel, or hydraulic fluid, the person contacted will notify the state emergency response team
  by calling one of the following numbers: Delaware: 911, 800-662-8802, or 302-739-9401

## 3. Clean-up plan

- The driver will use the on-truck spill kit to contain the spill.
- DSF will consult with DNREC-EPO for the proper clean-up & disposal of the cleaned material

#### 4. Record keeping procedures

- DSF uses a waste hauling system for unit tracking, truck tracking, service order, routing, disposal, billing, and asset management. We also keep hard copies of all invoices, service and disposal tickets
- 5. Days and hours of operation
  - Monday thru Friday
  - 8:00am to 5:00pm
- 6. The driver will preform the following pre-trip inspections
  - DOT pre-trop before each use
  - Pre-trip review of spill control plan
- 7. This plan will be carried in all vehicles, along with the permit



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024 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 conformable to the certificate holder in the certificate holder. certificate does not confer rights to the certificate holder in lieu of such endorsement(s). **EVENTS & ATTRACTIONS** NAME: PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): K&K INSURANCE GROUP, INC. 800-553-8368 260-459-5624 P.O. BOX 2338 ADDRESS FORT WAYNE, IN 46801 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: MARKEL INSURANCE COMPANY 38970 MARKEL AMERICAN INSURANCE INSURED INSURER B: 28932 COMPANY THE DELAWARE STATE FAIR, INC INSURER C: P.O. BOX 28 INSURER D: HARRINGTON, DE 19952 INSURER E: INSURER F **COVERAGES CERTIFICATE NUMBER: C170047 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR (MWDDYYYYY) (MM/DD/YYYY) MKP0000501155900 X COMMERCIAL GENERAL LIABILITY 11/1/2023 11/1/2024 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) 12:01 AM 12:01 AM CLAIMS-MADE X OCCUR \$300,000 LIQUOR LIMITS -X MED EXP (Any one person) **EXCLUDED** \$1,000,000/\$1,000,000 AGG PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$5,000,000 BODILY INJURY TO POLICY PROJECT X LOC NC **PARTICIPANTS** OTHER PROFESSIONAL LIABILITY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) В UMBRELLA LIAB OCCUR MKX0000501156100 11/1/2023 11/1/2024 EACH OCCURRENCE \$10,000,000 12:01 AM 12:01 AM **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$10,000,000 X DED RETENTION WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTINER/
EXECUTIVE OFFICER/MEMBER
EXCLUDED? (Mandatory in NH) N/A OTHER STATUTE E.L. EACH ACCIDENT YIN EL DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE - POLICY LIMIT PARTICIPANT ACCIDENT AD&D Primary Medical Excess Medical Weekly Indemnity DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVIDENCE OF COVERAGE. CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. STATE OF DELAWARE DNREC 89 KINGS HWY AUTHORIZED REPRESENTATIVE **DOVER, DE 19901** Statt hunbered

#### **DELASTA-06**

SKEITHLEY



# **CERTIFICATE OF LIABILITY INSURANCE**

10/10/2024

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.

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).

	is certificate does not confer rights to	o the	cert	mcate noider in lieu of su	CONTA NAME:		).				
	Insurance, Inc.				NAME: PHONE (A/C, No, Ext): (302) 653-6681  FAX (A/C, No):						
Vil	lage Square rna, DE 19977				E-MAIL ADDRE	, Ext): (3U2) (	003-0001	(A/C, No):			
,,,,,	IIIa, DE 19911				ADDRE						
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	Harrington, DE 19952				INSURE						
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f	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
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t	POLICY PRO LOC							PRODUCTS - COMP/OP AGG	s		
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1	X ANY AUTO			CMM3444007		11/1/2023	11/1/2024	BODILY INJURY (Per person)	s		
ı	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s		
1	HIRED ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
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7	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
Ì	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
ı	DED RETENTIONS	1						AGGREGATE	s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<u> </u>				X PER OTH-	•		
				1000011963		12/15/2023	12/15/2024	E.L. EACH ACCIDENT	s	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	-	500,000	
1	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	500,000	
7	DESCRIPTION OF OPERATIONS DEIDW		_					E.C. DISEASE - POLICI CIMIT	-		
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)			
				The state of the s							
CEF	RTIFICATE HOLDER				CANC	ELLATION					
State of Delaware DNREC- 89 Kings Hwy				THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CARRESOF, NOTICE WILL INC. PROVISIONS.	ANCEL BE DE	LED BEFORE		
	Dover, DE 19901				AUTHO	RIZED REPRESE	NTATIVE				
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					3/W	rd & Week	in				