

RECEIPT

DATE 10/17/24

No. 628104

RECEIVED FROM Perez Property Maintenance LLC

\$ 650.00

Six hundred fifty and ⁰⁰/₁₀₀ DOLLARS

FOR RENT
 FOR DE-SW-1878

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 2105 TO _____

BY M.M.



RECEIVED

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

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- 1878 Expiration Date September 30, 2024

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 - \$275.00

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 Perez Property Maintenance LLC

Location Address:	Mailing Address:
8 South King St. Georgetown, Delaware 19947	8 South King St. Georgetown, Delaware 19947

Contact: Deon Perez Title: Owner

Business Phone: 302-396-5060 Fax: _____

E-mail: perezpropertymaintenance@yahoo.com

24 hr Emergency Contact Phone: 302-396-5060

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: Delaware

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 1

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

Attachment _____

No parent company

5. Company locations in Delaware

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

✓ Attachment 1
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) _____

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 N/A
Not applicable-No transporter permit required for these solid waste types in our home state.

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

Attachment _____
 No transporter permits in other states

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

DOT# N/A MC# N/A

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.

Not crossing state lines & DMV doesn't require them

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

- (c). Do you transport Interstate?

No
 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	\$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 1

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

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.**

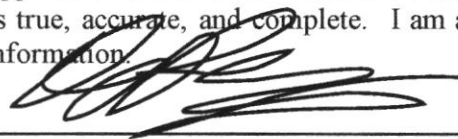
Attachment 1

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

10/01/2024

Print Name

Deon Perez

Title

Owner

****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

- (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). Before PMCS
 - 2). Check Emergency Equipment

- (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: **Deon Perez** Phone: **302-396-5060**

- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
Maryland:
New Jersey:

- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)

- (7) This plan will be carried in all vehicles, along with the permit.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2024

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 an endorsement(s).**

PRODUCER USAA INSURANCE AGENCY IN 9800 FREDERICKSBURG RD SAN ANTONIO, TX 78288-0002	CONTACT NAME: _____		
	PHONE (A/C. No. Ext.): (888) 661-3938	FAX (A/C. No. Ext.): (877) 872-7604	
E-MAIL ADDRESS: service.center@travelers.com			
INSURED PEREZ PROPERTY MAINTENANCE LLC 8 S KING ST GEORGETOWN, DE 19947	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : FIDELITY AND GUARANTY INSURANCE COMPANY		
	INSURER B : FARMINGTON CASUALTY COMPANY		
	INSURER C :		
	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 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"/> PROJECT <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 ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA-A1919370-24-42	10/04/2024	10/04/2025	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	N/A	UB-A1801202-24-42	10/11/2024	10/11/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH -ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE- EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000 \$ \$ \$	

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

CERTIFICATE HOLDER**CANCELLATION**

PEREZ PROPERTY MAINTENANCE LLC 8 S KING ST GEORGETOWN, DE 19947	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 <i>Renan M. Beltran</i>
---	---

Owner Percentage

- Deon Perez (title- Owner) 100% ownership
- Mailing address- 8 South king st Georgetown,DE 19947

Company Locations in Delaware

- 1- 8 south King st Georgetown, Delaware 19947

Davis, DaQuan (DNREC)

From: Perez Dumpster Services <perezdumpsterservices@yahoo.com>
Sent: Monday, October 21, 2024 2:18 PM
To: WHStranporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

Route 5 transfer station, Jones crossroads

Deon Perez
Team Member
(302) 396-5060 office
perezpropertymaintenancelc.com
Veteran Owned & Operated!

On Monday, October 21, 2024, 2:16 PM, WHStranporters <WHStranporters@delaware.gov> wrote:

Please address the items below:

- Section 8- Please provide the Delaware TSDFs that Perez Property Maintenance uses.

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: Perez Dumpster Services <perezdumpsterservices@yahoo.com>

Sent: Friday, October 18, 2024 3:10 PM

To: WHStranporters <WHStranporters@delaware.gov>

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

- Section 4(b)- Your ownership information is missing the dates of birth. Please update your ownership information and send it back. Attached, sorry about that.. wasn't there last year.
-
- Section 7- Do you do weekly household trash pickup? No
-
- Section 8- Please provide your TSDFs. Not hauling trash out of state.
-
- Section 10- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901. Attached
-
- Section 12- You did not provide a written driver training program. Please review section 12 of the application and provide driver training. Attached
-
- Section 14-You did not provide a list of vehicle operators. Attached

Deon Perez

Team Member

(302) 396-5060 office

perezpropertymaintenancelc.com

Veteran Owned & Operated!

On Friday, October 18, 2024, 10:19 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Perez,

Thank you for submitting your application to obtain 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)- Your ownership information is missing the dates of birth. Please update your ownership information and send it back.
- Section 7- Do you do weekly household trash pickup?
- Section 8- Please provide your TSDFs.
- Section 10- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- Section 12- You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- Section 14-You did not provide a list of vehicle operators.

Please provide the information requested above via e-mail within five (5) days. Note: You cannot transport solid waste until you acquire your permit.

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2024

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PRODUCER USAA INSURANCE AGENCY INC 9800 FREDERICKSBURG RD SAN ANTONIO, TX 782880001 (888) 661-3938	CONTACT NAME: PHONE (A/C, No, Ext): (888) 661-3938 FAX (A/C, No): (877) 872-7604 E-MAIL ADDRESS: service.center@travelers.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : FARMINGTON CASUALTY COMPANY	NAIC #
INSURED PEREZ PROPERTY MAINTENANCE LLC 8 S KING ST GEORGETOWN, DE 19947	INSURER B : FIDELITY AND GUARANTY INSURANCE COMPANY	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 079289423431292 **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	
	<input type="checkbox"/> 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:						<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ <input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS - COMP/OP AGG \$ <input type="checkbox"/> \$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			BA-A1919370-24	10/04/2024	10/04/2025	<input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$ <input type="checkbox"/> \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-A1801202-24	10/11/2024	10/11/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$100,000 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$100,000 <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$500,000	

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 KINGS HWY NE DOVER, DE 19901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Renan M. Beltran</i>
--	---

Driving Record

- Take defensive drivers course required by our insurance
- Emergency Vehicle drivers course thru the state of Delaware
- Driven over a million miles with a tractor trailer and hook lift with the Army
- Military driver defensive courses

Owner Percentage

- Deon Perez- Date of birth [REDACTED]
- 100 % ownership
- Mailing address- 8 South king st Georgetown, DE 19947

Owner Percentage

- Deon Perez- Date of birth [REDACTED]
- 100 % ownership
- Mailing address- 8 South king st Georgetown,DE 19947

Vehicle Operators

- Deon Perez