

RECEIPT

DATE 11/20/24

No. 628143

RECEIVED FROM Mike's Truck Tire LLC

\$ 275.00

Two hundred seventy five and $\frac{00}{100}$ DOLLARS

FOR RENT
 FOR DE-SW-1745

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 13011 TO _____

BY M.M.



RECEIVED

NOV 20 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) 739-6060

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

- Formal list of permit options: New - SCRAP TIRES ONLY, New - ALL OTHERS, and Renewal with handwritten permit number 1745 and expiration date 2025.

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

- Grid of permit terms and fees for both categories, with the five-year option selected for SCRAP TIRES ONLY.

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 Mike's Truck Tire + Auto

Location Address:	Mailing Address:
<u>5786 N. DuPont Hwy</u>	<u>← SAME</u>
<u>Smyrna DE 19977</u>	

Contact: Sandra Humbertson Title: Owner
Business Phone: 302-659-0529 Cell: 302-363-3695
Fax: 302-363-3695



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: Smyrna State: DE Date: _____

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

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

- Attachment _____ Michael Humbertson 50%
- Attachment _____ Sandra Humbertson 50%

(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.

5786 N Dupont Hwy. Smyrna, De. 19777

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

9. Other Transporter Permits

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

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

- Attachment _____
- No transporter permits in other states

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

DOT# _____ MC# _____

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

NO DOT Required Because of weight

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 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 checked="" 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 _____

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 _____ *Driver has 40 years Driving Experience*

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 Michael Humbertson

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

- Form W-2
 Form 1099-Misc
 Other

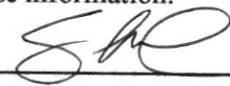
15. Environmental Record

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 11/12/24
Print Name Sandra Lee Humbertson 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).

(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). Safety Inspection (Total)
- 2). Straps + tarp secure

(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: Sandra Humbertson

Phone: [REDACTED]

(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.

✓

**BUSINESS AUTO
 COVERAGE PART DECLARATIONS
 ISSUE DATE: 09-09-24 DS**

ITEM ONE

Policy Number: BA-2R42672A-23-42-G

INSURING COMPANY: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Declarations Period: From 09-13-23 to 09-13-24 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Auto Coverage Part consists of these Declarations and the Business Auto Coverage Form shown below.

FORM OF BUSINESS: Limited Liability Company (LLC)

ITEM TWO
A. COVERAGE AND LIMITS OF INSURANCE

Coverage applies only to those "autos" shown as Covered "Autos". "Autos" are shown as covered "autos" for the applicable coverages by the entry of one or more of the symbols from Section I – Covered Autos of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOL	LIMITS OF INSURANCE The most we will pay for any one accident or loss
COVERED AUTOS LIABILITY	1	\$1,000,000
PERSONAL INJURY PROTECTION (NO FAULT)	5	Separately stated in each PIP endorsement minus deductible shown in ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN.
UNINSURED and UNDERINSURED MOTORISTS COVERAGE	2	See CA T0 30

B. AUDIT PERIOD: ANNUALLY
C. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS:

Symbols 1-9, 19: SEE BUSINESS AUTO COVERAGE FORM Section 1 Covered Autos

ITEM THREE. SCHEDULE OF COVERED AUTOS YOU OWN
(SEE SEPARATE PAGE EXPLAINING CERTAIN ENTRIES OR ABSENCE THEREOF)

POLICY NUMBER: BA-2R42672A-23-42-G

INSURED'S NAME: MIKES'S TRUCK AND TIRE AUTO

CA TO 02 02 15

COVERED AUTO NO	GARAGING CITY & STATE	ZIP CODE	COUNTY TOWN CODE	TERR ZONE CODE	ISO/ STAT CODE	USE CLASS GVW/GCW OR SEAT CAPACITY
1	SMYRNA	DE 19977	0003	103	7391	
2	SMYRNA	DE 19977	0003	103	21199	20,000
4	SMYRNA	DE 19977	0003	103	7391	

COVERED AUTO NO	YEAR	MAKE/MODEL	VEHICLE ID NO (VIN)	COST NEW	LIMIT OF INSURANCE	AGE GROUP
1	2001	FORD F350	1FTSW31FX1EA88653	30950		X
2	1990	INTERNATIO 4000	1HTSAZRKXLH264091	25000		X
4	1972	GMC C10	CS134B115192	2000		X

	COVERED AUTO 1	COVERED AUTO 2	COVERED AUTO 4	COVERED AUTO	COVERED AUTO
BASIC PIP:					
DEDUCTIBLE AMOUNT APPLIES TO:					
PREMIUMS:					
COVERED AUTOS LIABILITY BASIC PIP	1903 82	2029 108	1739 82		
TOTAL	2278	2386	2114		

Total Uninsured and Underinsured Motorists Premium \$ 835

* APPLICABLE TO COMPREHENSIVE AND SPECIFIED CAUSES OF LOSS COVERAGE

**APPLICABLE TO COMPREHENSIVE, SPECIFIED CAUSES OF LOSS AND COLLISION COVERAGES

Davis, DaQuan (DNREC)

From: Lee Humbertson <double.d.r.lee@gmail.com>
Sent: Tuesday, December 17, 2024 11:32 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

Reg weight for 1990 international 15,000lbs
Reg weight for 200- f350 5,200lbs
Sent from my iPhone

On Dec 17, 2024, at 10:59 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

What is the weight of each vehicle?

<image001.png>

DaQuan L. Davis

Environmental Scientist I
Division of Waste and Hazardous Substances

<image002.png>
302-739-9403
<image003.png>
WHStranporters@delaware.gov
<image004.png>
89 Kings Hwy SW, Dover, DE 19901
<image005.png>
dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Lee Humbertson <double.d.r.lee@gmail.com>
Sent: Tuesday, December 17, 2024 10:57 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

On Tue, Dec 17, 2024 at 10:38 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Please provide a Vehicle List that includes their year, make, model, vin #, license plates, state of registration, manufacturer's GVWR, and owner's name.

This information is due 12/18/2024.

<image001.png>

DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

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

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters

Sent: Friday, December 13, 2024 2:27 PM

To: sandrilee3870@gmail.com

Subject: RE: Delaware Solid Waste Transporter Permit Application

Hello,

Please provide a Vehicle List that includes their year, make, model, vin #, license plates, state of registration, manufacturer's GVWR, and owner's name.

This information is due 12/16/2024.

<image001.png>

DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

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

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Thursday, December 5, 2024 1:27 PM
To: 'sandra lee Humbertson' <sandralee3870@gmail.com>
Subject: RE: Delaware Solid Waste Transporter Permit Application

Hello,

Please provide a Vehicle List that includes their year, make, model, vin #, license plates, state of registration, manufacturer's GVWR, and owner's name.

DaQuan Davis

<image001.png>

DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

daqun.davis@delaware.gov

<image004.png>

[89 Kings Hwy SW, Dover, DE 19901](http://89KingsHwySW.Dover.DE.19901)

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Friday, November 22, 2024 8:24 AM
To: 'sandra lee Humbertson' <sandralee3870@gmail.com>
Subject: RE: Delaware Solid Waste Transporter Permit Application

Thank you for submitting the certificate of Insurance now I just need that corrected vehicle list.

<image001.png>

DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

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

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: sandra lee Humbertson <sandralee3870@gmail.com>
Sent: Thursday, November 21, 2024 4:20 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

On Thu, Nov 21, 2024, 10:37 AM WHStranporters <WHStranporters@delaware.gov> wrote:

As per our phone call, I need:

1. A Certificate of Insurance with **DNREC 89 Kings Hwy Dover, DE 19901** as its certificate holder.
2. Vehicle List with all Scrap Tire Vehicles including their year, make, model, vin #, license plates, state of registration, manufacturer's GVWR, and owner's name.

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: sandra lee Humbertson <sandralee3870@gmail.com>
Sent: Thursday, November 21, 2024 9:43 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

Owner: Mike Humbertson [REDACTED]
Sandra Humbertson [REDACTED]

I included the current declaration page of the insurance with the application, ...
There was an explanation page that the 2001 F350 and the 1997 international are the only two vehicles used to transport tires.....

My phone number is 302-363-3695..... Could you please give me a call if there is something else I'm missing....

On Thu, Nov 21, 2024, 9:19 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Ms. Humberston,

Thank you for submitting a renewal application but after reviewing it, I found some information was missing. Please address the items below:

1. **Section 4(b):** Please provide each owner's date of birth and mailing address.
2. **Section 10:** Please provide an up-to-date Certificate of Insurance with **DNREC 89 Kings Hwy Dover, DE 19901** as its certificate holder.
3. **Section 13:** Please provide a Vehicle List with all Mike's Truck Tire LLC Vehicles including their year, make, model, vin #, license plates, state of registration, manufacturer's GVWR, and name of owner.

Please provide this information via email within 5 days.

Thank you,

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

DSWA

Year: 2001

Make: ford

Model: f350

Vin# IFTSW3IFXIEA888653

License Plate# CL20208

State of registration: Delaware

Owner: Michael Humbertson

Year:1990

Make: international

Model: 450

Vin# 1HTSAZRKXLH264091

License Plate# CL26277

State of registration: Delaware

Owner: Michael Humbertson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2024

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 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 Impact Insurance Agency 312 Main St Box 145 Clayton De 19938	CONTACT NAME: Cory Thomas PHONE (A/C No, Ext): (302)363-7785 E-MAIL ADDRESS: Ctimpactinsurance@Gmail.com FAX (A/C, No):													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY</td> <td></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(S) AFFORDING COVERAGE	NAIC #	INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED MIKES'S TRUCK AND TIRE AUTO 5786 N DUPONT HWY Smyrna De 19977														

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 INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC						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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA-2R42672A-23-42-G	09/13/2024	09/13/2025	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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 Y N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All Scheduled Vehicles
1 2001 FORD F350 1FTSW31FX1EA88653
2 1990 INTERNATIO 4000 1HTSAZRKXLH264091
3 1972 GMC C10 CS134B115192

CERTIFICATE HOLDER DNREC 89 Kings HWY 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  Cory Thomas
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