RECEIP	T DATE_	12/11/24	_No.	628163
RECEIVED FROM Sas	e Tru	Kins LLC		\$ 50000
One thousand	En	hundred Ethi	and	DOLLARS
OFOR RENT	SW-1-	778		
ACCOUNT	CASH			
PAYMENT	CHECK	FROM 5185	то	
BAL. DUE	ORDER OREDIT CARD	BY M.M		3-1



RECEIVED

DEC 1 1 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- 1778 Expiration Date 03 01 20 25 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 - \$1250.00 ☐ Four Years - \$225.00 Five Years - \$1550.00 ☐ Five Years - \$275.00

2. Release to Public	
Do you wish to be included on the list of transporters?	Pers that is provided to persons requesting a list of Yes \(\sum \text{No}\)
3. Company Information	
Company Name Sage Truck	ng LLC
Location Address:	Mailing Address:
2 Tallowood Drive	2 Tallowood Drive
West Hampton, NJ 080160	
Contact: Ronald Sage Titl	e: UWNEIZ
	c 409-702-1436
24 hr Emergency Contact Phone:	
4. Company Ownership Information	
<ul><li>(a). Please indicate the company type:</li><li>☐ Proprietorship</li></ul>	
☐ Partnership	
☐ Corporation - If company is a corporati	on, indicate city, state, and date of incorporation.
	te: Date:
Municipality Public institution	AIT
Limited Liability Corporation (LLC) St  Other: (must specify)	ate:
	ficer, attach a list with name, title, mailing address
date of birth, and % ownership. Include all shares.	stockholders owning greater than 5% outstanding
Attachment	
(c). If company is owned by or affiliated with a address & mailing address, and % ownerships.	
Attachment No parent company	
Ψ ,	

Solid Waste Transporter Application Page 2 of 6

э.	Company locations in Delaware
	List name and <u>street</u> 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 coher (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? \( \subseteq \text{Yes} \) \( \subseteq \text{No} \)

8.	Treatment, Storage, and Disposal Facilities
	(a). Do you cross state lines with the waste? Yes \square No
	(b). Identify in an attachment <i>all</i> 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
	(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# 2912237 MC# 981330
	□ 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 <i>Regulations Governing Solid Waste</i> . 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 <b>Department of Natural Resources and Environmental Control, Compliance and Permitting Section</b> as the certificate holder.)
	(a). Are you for-hire in interstate commerce? Wes 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)?  (c). Do you transport Interstate?  Yes  No  No

•	Solid	Waste	Transporter Application
	Page	5 of 6	

(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- (For Hire & Private)	
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

### 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.

				6
Driver	Training	attachment	1/	
DIIVEI	Hailling,	attacmment	v	

#### 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 Yes What tax form do you submit to the IRS for your vehicle operators? Form W-2 Form 1099-Misc 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

<sup>\*\*</sup>A legal owner or corporate officer must sign the application\*\*

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
PDD)		TT	IM IPN 464 7RMUH	941 AYZZAZWT	80,000	SagethullingLLC
OH	Mac 2024 44T east walking floor	trailer	1E1U2X283DRP48	508 TUTZ84 N.T	80,000	Sage Trulyngue
				•		J
				* * 1		
DELETE	MACK CHUIU37009	IT	1M1AN07439NU	1498Z AL336ZNJ	80,000	sage Trucking UC
	-					J
				,		

### Company Ownership Information

- Other Transporter Permits
  - b. PA Act90 (WH10907)

14 Vehicle Operator Intermation RONALD SAGE.

# SAGE TRUCKING, LLC

## SPILL PREVENTION/RESPONSE PLAN

### SPILL PREVENTION MEASURES

To minimize the possibility of spills, Sage Trucking, LLC has taken the following actions:

- All vehicles are regularly inspected and serviced.
- Driver never exceeds the posted speed limit and only travels at speeds appropriate for current road conditions.
- Driver attends a "Defensive Driving" course at least every 3 years.
- Loads are fully covered with a tarp during transportations.
- Vehicles are certified to be leak-proof upon purchase and are regularly examined to ensure no leaking occurs.

### **EQUIPMENT TO ADDRESS A SPILL**

In order to be able to promptly and properly respond to a spill, Sage Trucking, LLC equips all transportation vehicles with the following:

- A copy of the most current Spill Prevention/Response Plan.
- A cell phone
- Gloves and boots
- Hazard flares.
- . Reflective traffic cones.
- A shovel.
- First aid kit.
- Flashlight.
- Speedy-dri absorbent.

Sage Trucking, LLC will clean any small amounts of spills using the following Sage Trucking equipment.

- Shovels.
- Dump truck.
- Backhoe.
- Spill kit.
- Speedy-dri absorbent.

### SPILL RESPONSE MEASURES

In the event of a spill, the following measures may occur:

- Safely exit roadway if possible.
- Place reflective traffic cones along roadway leading up to the spill (use of flares if needed).
- If the spill is on a state or interstate roadway and may obstruct traffic for an extended period, contact the appropriate Department of Transportation regional office.
- f the spill is small, use shovel to remove all material and place back into the hauling truck.
- Contact the appropriate staff at the local health department in the county where spill occurs.
- If a spill may have affected natural resources other than fish or wildlife, contact the appropriate Department of Natural Resources regional office.
- If a spill may have affected fish or wildlife, contact the appropriate Department of Fish and Wildlife regional office.

### COORDINATOR/CONTACTS

In case of a spill, driver will contact the following designated company contact:

Ronald Sage: Home
 Mobile:

The company coordinator will contact the following state emergency response team if serious spills occur:

In NJ, PA & DE:

CEMCO:

Hainesport, NJ 08036

609-261-3848

Delaware:

911 (302) 739-9401 or 1-800-662-8802

This plan will be carried in all vehicles along with the permit.

### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:1). Reflectors and/or flares

2). Fire extinguisher3). First aid kit

<ul><li>4). Heavy-duty gloves, hard hat</li><li>5). Flashlight</li><li>6).</li></ul>
(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
<ul><li>(3) The driver will perform the following pre-trip inspections:</li><li>1).</li><li>2).</li></ul>
(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:
<b>Delaware:</b> 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. ( <i>This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.</i> )
(7) This plan will be carried in all vehicles, along with the permit.

### 12 DRIVER TRAINING ATTACHMENTS:

A. All drivers must hold a Class A CDL license with HazMat endorsement

All drivers must pass the pre-employment drug & alcohol screen before hired

All drivers must have a certified DOT physical

Once a year drivers participate in a hazardous waste forty hour class

Safety meetings are held once per month

Drivers are required to complete daily hours of driving and safety logs

B. Driver safety records are reviewed monthly for driving violations

All driver license are sent to insurance company for review of any points or accidents

Driver is terminated when insurance company denies coverage for excessive points and/or accidents

C. Drivers are instructed orally with a follow up outline of the proper procedures for the handling of the type of solid waste being transported

Drivers are supplied with a copy of the company spill control plan and attend a meeting to discuss such at time of hire and are reiterated during monthly safety meetings

Drivers are instructed in the conditions of the solid waste transporter's permit at time of hire and are reiterated during monthly safety meetings



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2024

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

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

PRODUCER			CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing						
KHD,					NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE FAX				
P.O. BOX 204, SUCCASUNNA, NJ 07876			(A/C, No, Ext): 1-800-444-4487 (A/C, No):						
			E-MAIL ADDRESS: progressivecommercial@email.progressive.com						
					INSURER(S) AFFORDING COVERAGE NAIC				NAIC#
					INSURER A: Drive New Jersey Insurance Company 11410				11410
INSU	200 (200) 200 (200)				INSUR	RER B :			
	Trucking, LLC LOWOOD DR				INSUF	RER C :			
WES	TAMPTON, NJ 08060				INSUR	RER D :			
. 8:					INSUR	RER E :			
					INSUR	RER F:			
cov	ERAGES CERTIFI	CATE	NUM	BER: 126756439094	532679	D120524T1515	519	REVISION NUMBER:	
CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUII RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH POLIC	REMEN	IT, TE	RM OR CONDITION NSURANCE AFFORD	OF AN	Y CONTRACT	T OR OTHER	DOCUMENT WITH RESPECT TO VELOCITIES TO ALL TO	VHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$1,500,000	)
	ANY AUTO						1	BODILY INJURY (Per person) \$	
Α	OWNED AUTOS ONLY X SCHEDULED AUTOS	N	N	986035955		08/29/2024	08/29/2025	BODILY INJURY (Per accident) \$	
	HIRED AUTOS ONLY AUTOS ONLY			No.				PROPERTY DAMAGE (Per accident) \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							SERTUTE PIH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
_	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT   \$	
	See ACORD 101 for additional coverage details.							\$	
Α	*	N	N	986035955		08/29/2024	08/29/2025		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER				CANC	ELLATION				
and E 89 Kin	are Department of Natural Resources nvironmental Control Compliance gs Highway DE 19901		San San		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				D BEFORE /ERED IN
	Dover, DE 19901				AUTHORIZED REPRESENTATIVE  Mark Part				

AGENCY CUSTOMER ID:	
LOC #:	



### ADDITIONAL REMARKS SCHEDULE

Page \_1\_ of \_1\_

AGENCY			NAMED INSURED
(HD, LLC			Sage Trucking, LLC 2 TALLOWOOD DR
POLICY NUMBER			WESTAMPTON, NJ 08060
986035955			1120171111 1011, 110 00000
CARRIER		NAIC CODE	
Drive New Jersey Insurance Company		11410	EFFECTIVE DATE: 08/29/2024
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDUL	E TO ACOR	D FORM	
FORM NUMBER: 25 FORM TITLE: Certifica			
FORWINDINGER: 25 FORWITTLE: 25141150	ato or Eldomit	y modranoc	
Additional Coverages			
	1 1 14		
Insurance coverage(s) Uninsured/Underinsured BI	Limits	Combined Sing	Ja I imili
Uninsured/Underinsured PD	(included ii	n combined sir	gle limit w/\$500 Ded)
Description of Location/Vehicles/Special	Itams		
	items		
Scheduled autos only			
2024 MACK PINNACLE 1M1PN4GY7RM014941			
Comprehensive	\$2,500 De		
Collision	\$2,500 De	ed	
2013 ESMC Trailer 1E1U2X283DRF48508			
Liability coverage may not apply to all scheduled vehicles.			
clability coverage may not apply to all scheduled vehicles.			
			,
			F

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: 2912237 Date Re	eceived:
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# 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

ssued to Sage Trucking, LLC	
	(Motor Carrier name)
of 2 TALLOWOOD DR WESTAMPTON, NJ 08060	
	(Motor Carrier state or province)
Dated at 10:34 AM on this 5th day of December, 2024 Amending Policy Number: CA 986035955 Effective Date: Name of Insurance Company: Drive New Jersey Insurance	
	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):
	be liable for amounts in excess of \$1,000,000 for each accident.  The liable for amounts in excess of \$ for each accident in excess of the
	ministration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said , upon telephone request by an authorized representative of the FMCSA, to verify that number to call is: 1-800-444-4487.

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 anyone 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

<sup>\*</sup> The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.