

RECEIPT

DATE

03/21/25

No.

927959

RECEIVED FROM

Davis Trucking & family

\$

350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2061

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

44035

TO

BY

M.M.



RECEIVED

MAR 21 2025

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- 2061 Expiration Date _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name Davis Trucking Firm LLC

Location Address:	Mailing Address:
22181 Charles West Rd	Same
Frankford DE 19945	

Contact: Shannon Davis Title: Vice President

Business Phone: 302-381-6558 Fax: _____

E-mail 

24 hr Emergency Contact Phone: Shannon Davis

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: 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 _____

(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 _____
☐ 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. *See attached letter*

- ☐ 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

STATE OF DELAWARE

Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE
2009603828

EFFECTIVE

01/01/2025 - 12/31/2025

ISSUED TO

DAVIS TRUCKING & FAMILY LLC
22181 CHARLES WEST RD
FRANKFORD DE 19945-2431

LOCATION

DAVIS TRUCKING & FAMILY LLC

22181 CHARLES WEST RD
FRANKFORD, DE 19945-2431

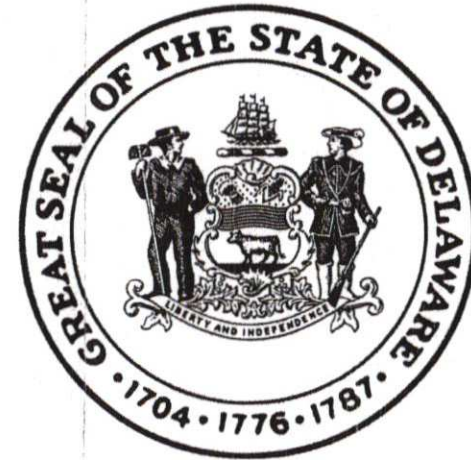
**TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY**

DRAYPERSON OR MOVER

ISSUED: 01/23/2025
FEE PAID: \$75.00

Is hereby licensed to practice, conduct, or engage in the
occupation or business activity indicated above in
accordance with the license application duly filed
pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE



2025





DELAWARE SOLID WASTE AUTHORITY

Richard P. Watson P.E., BCEE
Chief Executive Officer

Robin M. Roddy P.E., BCEE
Chief Operating Officer

Board Of Directors

Gerard L. Esposito
Chairman

Tonda L. Parks
Norman D. Griffiths

Michael R. Paraskewich, Jr., Ph.D, P.E.

Timothy P. Sheldon
Vice Chairman

A. Temple Carter III
William J. Riddle

September 18, 2024

Ms. Marley Rice
Manager - Sourcing
Simmons Animal Nutrition
318 E. Main Street
Siloam Springs, AR 72761

Re: Special Waste Approval:
Special Waste Approval Number:

Poultry Processing Byproducts
ssw24.065

Dear Ms. Rice:

I have received your special waste application dated September 18, 2024. Delaware Solid Waste Authority (DSWA) approves your request to dispose of approximately 200 tons per week of poultry processing byproducts. No analytical testing was required based on the waste and information provided. The material will be accepted at the Southern Solid Waste Management Center (SSWMC) located in Georgetown, Delaware at the standard rate tipping fee. This material must be delivered in segregated loads, not mixed with other waste and delivered before 1:00 p.m. Wastes not accurately represented by the information submitted in the special waste application or as stipulated in the DSWA *Special Waste Policy* may be rejected.

A copy of this approval letter must accompany each load of waste delivered to SSWMC.
This approval expires September 30, 2025.

If you have any questions, please feel free to contact me at 302-875-3448.

Sincerely,

Justin Wagner, P.E., BCEE
Senior Facility Manager

cc: Jason M. Munyan, P.E., BCEE
Adolf A. Korosec
Weighmasters
Foremen
Compliance

sw24.065

FOR DSWA USE ONLY

WM initials: _____

Delivery Date: _____

Expiration Date: _____

Tonnage: _____

Ticket #: _____

Acct/Truck #: _____

#9
1134

DELAWARE SOLID WASTE AUTHORITY

Your Partner in Environmental Protection

SOLID WASTE COLLECTION
L I C E N S E

OST CONSPICUOUSLY

NOT TRANSFERABLE



BUSINESS ADDRESS

DAVIS TRUCKING & FAMILY LLC
22181 CHARLES WEST ROAD
FRANKFORD, DE 19945

Michael Perkouski

APPROVAL SIGNATURE

BUSINESS CODE

26-5064

F.E.I./S.S. NUMBER



PERIOD COVERED

7/1/24 thru 6/30/26

CENSE ISSUED UNDER AND SUBJECT TO 7 DELAWARE CODE, CHAPTER 64 AND REGULATION FOR LICENSING SOLID WASTE COLLECTORS.

#8

Jones Crossroads
28560 Landfill Lane
Georgetown, DE 19947
Phone: 1-800-404-7080
Hours: Mon. – Sat. 7 a.m. – 5 p.m.

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 _____
- ☐ 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# 1435475 MC# 542486

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

X11. 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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - 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 _____
☒ 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 3-3-25
Print Name Sheri Dewey Title Vice President

****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).
 - 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.

DAVIS TRUCKING & FAMILY LLC

SOLID WASTE REQUIREMENT INFORMATION FOR EMPLOYEES

Any vehicle used to transport solid waste shall be so constructed or loaded as to prevent its contents from dropping, sifting, leaking, or otherwise escaping therefrom

Each vehicle used to transport solid waste and required to have a transporter's permit must carry a copy of the permit in the vehicle. The permit must be presented upon request to any law enforcement officer or any representative of the Department.

Knowledge of current DOT Motor Carrier Safety Regulations.

Safe vehicle operations to avoid creating hazards to human health, safety, welfare, or the environment.

Knowledge of proper handling procedures for the type of solid waste being transported.

Familiarity with the approved accidental discharge containment plan.

Familiarity with the conditions of the solid waste transporter's permit. It shall be the responsibility of the transporter to ensure that all drivers and other employees that may handle solid waste receive instruction as described above as frequently as necessary to maintain a level of knowledge that will ensure safe operation of the vehicle during transportation of the solid waste and proper management of an accidental discharge. A description of the driver training program shall be included with the permit application.

Vehicle Requirements

All vehicles used in the transportation of solid waste shall be operated and maintained so as to be in compliance with all state and federal regulations and not present a hazard to human health or the environment through unsafe vehicle conditions. The permittee is responsible for the operation and maintenance of all vehicles including leased vehicles operated under his/her permit.

All vehicles must carry safety and emergency equipment in accordance with applicable DOT regulations to ensure protection of the public and the environment.

All vehicles must carry spill containment materials appropriate to the type of solid waste being transported.

Each vehicle engaged in the transportation of solid waste must be fully enclosed or covered to

#12

DAVIS TRUCKING & FAMILY LLC

Scope

The objective of this program is to strive to reduce or eliminate motor vehicle accidents and associated injuries by following the safe practices established in this program. This program is integrated into our company's written safety and health program and is a collaborative effort that includes all employees.

Some Employees may be required to use their personal vehicles for approved business purposes. These employees will receive a mileage allowance equal to the Internal Revenue Service optional mileage allowance for such usage. This allowance is to compensate for the cost of gasoline, oil, depreciation and insurance. Employees who operate personal vehicles for Company business must obtain auto liability coverage for bodily injury and property damage with a special endorsement for business use.

Positions requiring driving as a part of the essential duties of the job require a MVR background screening, reviewing their driving history in order to be insured under EXP Group, LLC's insurance carrier. At any time, if an employee's driving record causes them to be in-eligible to be insured under our policy, there employment will be terminated.

Compliance with this program is mandatory for all company drivers. Violations of this program may result in disciplinary action up to and including suspension of driving privileges or termination. Any deviations from this program must be immediately brought to the attention of the employee's supervisor or the Safety Manager.

Program Responsibilities

Management. EXP Group, LLC is responsible for providing the tools and resources necessary to implement this program and for ensuring that the provisions in this program are being followed by all employees.

Program Administration

The Director of Operations and his staff are responsible for the following:

- Maintaining an accurate qualified driver list for DOT regulated drivers.
- Maintaining accurate driver qualification records.
- Ensuring company vehicles are maintained mechanically.
- Selection/procurement of all company vehicles.
- Monitoring drivers to ensure compliance with all elements of this program.
- Making recommendations regarding the retention or release of employees based on driving record and evaluations.

Employee Driver Supervisors

The Supervisors of Employee Drivers are responsible for the following:

- Ensuring all qualified drivers are trained in the safe operation of company's vehicles.
- Monitoring drivers to ensure compliance with all elements of this program.
- Conducting on-road driving tests for new employees and existing employees at least annually.
- Making recommendations regarding the retention or release of employees based on driving record and evaluations.
- Reporting of traffic violations and accidents to the Operations/HR Team.
- Performing post-accident investigations with suggestive corrective action plan.

Employee Drivers. Drivers of EXP Group, LLC are responsible for conducting themselves in accordance with this program. All drivers will:

- If required to drive a commercial motor vehicle the driver must be medically certified to drive.
- Maintain an acceptable motor vehicle record (MVR).
- If an employee receives a ticket/citation/violation, they are responsible for paying the fine incurred with the infraction.
- Moving and non-moving violations, whether occurring on or off the job, must be reported to the employee's manager and Human Resources no later than the next workday, regardless of who owns the vehicle.
- Maintain an acceptable motor vehicle record (MVR).
- The driver must know and follow the traffic laws of the states of operation including DUI / DWI laws.
- No passengers, except those associated with business travel, are permitted in any vehicle when it is being operated for business use.

Employees that have been approved to use personal vehicles for business must also:

- *Maintain auto liability insurance with minimum limits of: Bodily injury liability limit: \$100,000 each person / \$300,000 each accident/ Property damage liability limit: \$100,000 each accident*
- Maintain current state vehicle inspections when required.
- Maintain the vehicle in a safe operating condition when driven on company business.
- Produce proof of insurance (copy of declaration page, certificate of insurance) will be sent to Human Resources:
 - Within two weeks of starting their new position
 - Each year or 6 months depending on your policy renewal period
- Agree to submit information concerning any changes or cancellation of that insurance and to provide updated evidence of insurance at any future renewal of my policy within three days of the change.
- Maintain acceptable motor vehicle report (MVR) that meets the policies set by EXP Group, LLC Insurance carrier.
- There must not be a business use exclusion on the personal auto policy.
- The vehicle used by the employee for company business must be rated as "business use" on the employee's personal auto policy.
- The personal auto policy must include coverage for Under / Uninsured Motorists

(UM/UIM) at the above limits.

- Cargo Management Group must be listed as an Additional Interested Party on the policy as follows:
Cargo Management
- Understand that the employee's insurance is meant to be primary in the event is involved in a vehicle collision while company business. Davis Trucking & Family LLC liability policy is used when your personal liability limit has been exhausted.
- In the event an employee has their license suspended or cancellation of their insurance for any reason they must notify Human Resources in writing no later than the next workday after receiving the notice.

Driver Qualification Criteria

Current or potential employees will not be considered for a driving position unless they meet the minimum requirements listed below.

- Be at least 18 years old to operate a commercial motor vehicle
- Be able to read and speak English sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records
- Be physically and mentally qualified to drive a company vehicle and possess a valid medical certificate as defined in 49 CFR Part 391 (**USDOT/Federal Motor Carrier Safety Regulations**)
- Possess a current and valid license
- Must not be disqualified to drive a commercial motor vehicle under the rules and regulations set forth in 49 CFR Part 391.15 (**USDOT/Federal Motor Carrier Safety Regulations**)
- Meets all of the requirements and be able to perform all of the tasks and essential duties of the job description.
- Meet all requirements of Davis Trucking & Family LLC insurance carrier.

Davis Trucking & Family LLC insurance carrier has last say and approval of all current or potential employees that operate a motor vehicle. Driving records, including minor moving violations, will be evaluated according to Davis Trucking & Family LLC insurance company's guidelines to determine eligibility for any position. Motor Vehicle Reports (MVRs) for each driver will be reviewed prior to hiring and may be reviewed at any time, for any reason.

Drug-Free Workplace and Driving. Our Drug-Free Workplace policy is zero-tolerance program holding employees accountable to clear personal and professional standards.

- All employees will submit to a drug/alcohol screening after an initial offer of employment is extended.
- Only the designated Davis Trucking & Family LLC drug/alcohol testing facility will be used. Drug/alcohol test results from the driver applicant's previous employer will not be

accepted.

- No employee will perform any work or activity for Davis Trucking & Family LLC until a negative test result has been obtained. Be advised that marijuana remains a drug listed in Schedule I of the Controlled Substances Act.
- It is unacceptable for any employee to use marijuana medicinally or recreationally. There are times when an employee may need to take over-the-counter medicines or those prescribed by a physician due to illness.
- It is the employee's responsibility to read the side-effects of the medication and find potential side-effects that can impair their ability to use any motor vehicle while driving on behalf of Davis Trucking & Family LLC
- If the medication prescribed prohibits you from operating a motor vehicle, employees are to notify Human Resources or the Safety Manager for further clarification or questions.

Employees who are involved with an accident while using a motor vehicle are automatically subject to a drug and alcohol screen within four (4) hours after the accident.

Hiring Process

The Davis Trucking & Family LLC employment hiring process is designed to ensure that the safest individuals are hired to operate our motor vehicles. This multi-step process shall be used for all applicants and will be administered uniformly without bias toward race, color, religion, gender, age, national origin, disability, sexual orientation or any other criteria deemed unlawful by state, federal or local law.

Application. All commercial driver applicants must submit a completed, accurate, signed and dated application for employment. The hiring/screening process will not continue until all information on the application has been verified.

The application must contain the following information:

- a. Company's name and address?
 - b. Driver's name, current address, birth date, social security number?
 - c. Driver's address for the past three years?
 - d. Date of application?
 - e. License number, state, expiration date?
 - f. Nature and extent of driving experience including type of vehicle operated? (391.21)
- (6)
- g. All accidents for the past three years including nature of accident? (391.21)(7)
 - h. List of all traffic convictions for the past three years? (391.21)(8)
 - i. A statement concerning revocation or suspension of license? (391.21)(9)
 - j. List of previous employers for past ten years including dates and reason for leaving? (391.21)(10)(11)
 - k. A statement that the information in the application can be used and the past employers may be contacted?
 - l. A completed and signed application line that the information is true and complete?

(391.21)(12)

Drug/Alcohol Screening. All applicants will submit to a drug/alcohol screening after an initial offer of employment is extended. Only the designated drug/alcohol testing facility will be used. Drug/alcohol test results from the applicant's previous employer will not be accepted. No applicant will perform any work or activity until a negative test result has been obtained for the applicant. Be advised that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It is unacceptable for any employee subject to drug testing under the drug testing regulation to use marijuana medicinally or recreationally.

Medical Qualification. All DOT applicants shall be medically examined and certified as physically qualified to operate a commercial motor vehicle by a licensed, DOT-certified medical examiner designated by Davis Trucking & Family LLC .

Driver Training

Driving Evaluation. Employees may be required to submit to a driving test to evaluate their driving proficiency. The driving test will be an on-road driving test with one of Davis Trucking & Family LLC authorized testers. The individual will be evaluated on pre-trip inspections, city and rural driving on two-lane and multiple-lane roads including freeway and interstate, passing, backing, and emergency procedures. This evaluation will be used in the training assessment and to develop portions of the company's mandatory driver training program. This driving test will be completed before a driver is allowed to operate a vehicle for company business. Driving evaluations will be documented on the Driver's Road Test Examination form located in **Appendix J.**

Employment Documentation. Davis Trucking & Family LLC uses a variety of forms and other recordkeeping documents including but not limited to: vehicle inspection reports, bills of lading, log books, invoices, fuel and other vehicle service and maintenance receipts. Drivers will be introduced to these documents by a representative from their department.

Driver Safety Rules. Employees driving on behalf of Davis Trucking & Family LLC are expected to maintain a valid driver's license and drive defensively despite the conditions surrounding them and the actions of others. They are to adhere to applicable state and federal laws and regulations about driving a motor vehicle including but not limited to:

- Do not operate the vehicle unless all occupants are wearing a seat belt.
- Do not smoke in any company vehicle.
- Do not allow any unlicensed/unauthorized persons to operate a company motor vehicle.
- Do not operate any vehicle while impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue, or injury.
- Do not engage in distracting activities while driving. This includes using a cell phone for talking or texting, eating, using a computer, GPS or MP3 player, applying makeup, reading, looking at maps, or any other activity that takes a person's eyes or attention

^rVEHICLE 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.

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/04/2025

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.

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PRODUCER Deeley Insurance Group LLC 7171 Bent Pine Road P.O. Box 770 Willards MD 21874	CONTACT NAME: Gwen Tingle PHONE (A/C, No, Ext): (410) 213-5600 E-MAIL ADDRESS: truckcerts@deeleyinsurance.com FAX (A/C, No): (410) 835-2036
INSURED Davis Trucking & Family LLC 22181 Charles West Road Frankford DE 19945	INSURER(S) AFFORDING COVERAGE INSURER A: United Financial Casualty Comp INSURER B: Travelers Prop Casualty Co. of America INSURER C: Lloyds of London INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2024 Master Incl Cargo **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			979136605	11/17/2024	03/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			979136605	03/26/2024	03/26/2025	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 <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			QT-660-6Y069647-TIL-24	11/17/2024	11/17/2025	Per Conveyanc/\$100,000 Refrigeration Breakdown Deduct/\$1,000 Included

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

Company Letter C - Physical Damage Non-Owned Trailer eff 8/25/24 exp 8/25/25 \$50,000 Limit, \$2,500 Comp/Coll Deduct

CERTIFICATE HOLDER**CANCELLATION**

Delaware Solid Waste Authority
601 Energy Lane

Dover

DE 19901

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

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Davis, DaQuan (DNREC)

From: Shannen Davis <davisshannen@gmail.com>
Sent: Friday, March 28, 2025 12:58 PM
To: WHStranporters
Subject: Re: Incomplete DE SW Transporter Permit Application (Davis Trucking Family)
Attachments: mcs90.pdf

Please see attached

Driver -Matthew Gibbs

Shannon Davis

On Fri, Mar 28, 2025 at 11:59 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Could you please provide a list of your other drivers? Additionally, please include an MCS-90 endorsement form with the policy number GRT388828A.



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Shannen Davis <davisshannen@gmail.com>
Sent: Thursday, March 27, 2025 3:10 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete DE SW Transporter Permit Application (Davis Trucking Family)

In response to your questions

7- yes

10 - please see attached

14- yes he is a driver

If you need any additional information please let me know

Shannon Davis

On Thu, Mar 27, 2025 at 8:56 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I went ahead and looked over your attachments. I need a few things corrected and answered below:

- **Section 7-** Food waste from business is considered commercial. Do you want commercial waste on your permit?
- **Section 10-** The Certificate of Insurance that you submitted has the wrong certificate holder. It should be Delaware Department of Natural Resources and Environmental Control, and the address 89 Kings hwy SW, Dover, DE 19901.
- **Section 14-** Is Raymond Davis the driver?

Please provide all the requested items and let me know if you have any questions.

Thank you,



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

📞 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Shannen Davis <davisshannen@gmail.com>

Sent: Wednesday, March 26, 2025 2:35 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Incomplete DE SW Transporter Permit Application (Davis Trucking Family)

Please see attached. If you need any additional information please let me know

Shannon Davis

On Tue, Mar 25, 2025 at 3:49 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Ms. Davis,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 4(b)**- Your ownership information is missing the dates of birth, ownership percentage, and owner's mailing address. Please update your ownership information and send it back
- **Section 4(c)**- Do you have a parent company?
- **Section 7**- What waste types are taken to DSWA?
- **Section 9(b)**- Do you have any other state solid waste permits?
- **Section 10**- The Certificate of Insurance that you submitted was not up-to-date and expired (Date). Please send an up-to-date Certificate of Insurance.
- **Section 10**- Please provide an MCS-90 endorsement form.

- **Section 11**- The spill control plan is missing an emergency contact (name and phone number)and pre-trip inspections. Please update this plan and add the contact information.

- **Section 14**-You did not provide a list of vehicle operators.

Please provide the information requested above via e-mail within five (5) days.

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2025

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PRODUCER Deeley Insurance Group LLC 7171 Bent Pine Road P.O. Box 770 Willards MD 21874		CONTACT NAME: Gwen Tingle PHONE (A/C, No, Ext): (410) 213-5600 E-MAIL ADDRESS: truckcerts@deeleyinsurance.com FAX (A/C, No): (410) 835-2036	
INSURED Davis Trucking & Family LLC 22181 Charles West Road Frankford DE 19945		INSURER(S) AFFORDING COVERAGE INSURER A: Great West Casualty Co INSURER B: Travelers Prop Casualty Co. of America INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11371 25674	

COVERAGES

CERTIFICATE NUMBER: 2025 Master

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> 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 checked="" type="checkbox"/> PHYS DAM		GRT38828A	03/26/2025	03/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deduct \$ 2,500
	<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 \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> 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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Per Conveyanc \$100,000 Refrigeration Breakdown: Included
B	Motor Truck Cargo		QT-660-6Y069647-TIL-24	11/17/2024	11/17/2025	

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

Company Letter A - Bailees eff 3/26/25 exp 3/26/26 \$50,000 Limit, \$2,500 Comp/Coll Deduct

CERTIFICATE HOLDER

Delaware Department of Natural Resources and Environmental Control 89 Kings Hwy, SW 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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement supersedes all previously issued versions of this endorsement issued under the policy number shown above.

This endorsement modifies insurance provided under the following:

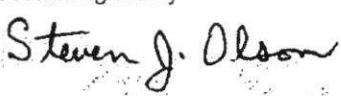
COMMERCIAL AUTO COVERAGE PART

Issued to (Motor Carrier Name) and Address:

DAVIS TRUCKING FAMILY LLC
22181 CHARLES WEST RD
FRANKFORD DE 19945-2431

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

Dated at South Sioux City, Nebraska on March 25, 2025	Endorsement Effective March 26, 2025	Number
GREAT WEST CASUALTY COMPANY	Countersigned by 	

(Authorized Company Representative)
DEELEY INSURANCE GROUP LLC

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

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

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 402-494-2411.

Cancellation of this endorsement may be effected by the company or 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.).

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.

"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.

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

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

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

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

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

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

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

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	January 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,001 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 10,001 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 Divisions 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 10,001 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 10,001 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 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$ 5,000,000

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

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



CERTIFICATE OF LIABILITY INSURANCE

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		NAIC # 11371 25674	

COVERAGES **CERTIFICATE NUMBER:** 2025 Master **REVISION NUMBER:**

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	<input type="checkbox"/> 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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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Company Letter A - Bailees eff 3/28/25 exp 3/26/26 \$50,000 Limit, \$2,500 Comp/Coll Deduct

CERTIFICATE HOLDER

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Dover

DE 19901

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AUTHORIZED REPRESENTATIVE

4 B

Raymond Davis President

50%

Shannon Davis V President

50%

4 C - NO

7- Poultry Processing Byproducts

9B- NO

10- See attached

11- See attached

14- See attached

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). Check tires, lights and fluids
 - 2). Check truck information
- (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.

- (8) Emergency Contact

Raymond Davis



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR
PUBLIC LIABILITY UNDER SECTIONS 29 AND 30
OF THE MOTOR CARRIER ACT OF 1980

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This endorsement modifies insurance provided under the following:

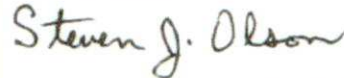
COMMERCIAL AUTO COVERAGE PART

Issued to (Motor Carrier Name) and Address:

DAVIS TRUCKING FAMILY LLC
22181 CHARLES WEST RD
FRANKFORD DE 19945-2431

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

Dated at South Sioux City, Nebraska on March 25, 2025	Endorsement Effective March 26, 2025	Number
GREAT WEST CASUALTY COMPANY	Countersigned by 	

(Authorized Company Representative)
DEELEY INSURANCE GROUP LLC

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

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

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 402-494-2411.

Cancellation of this endorsement may be effected by the company or 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.).

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.

"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.

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

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

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

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

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

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

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

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	January 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,001 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 10,001 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 Divisions 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 10,001 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 10,001 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 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$ 5,000,000

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

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

4 B

Raymond Davis President

50%

Shannon Davis V President

50%

4 C - NO

7- Poultry Processing Byproducts

9B- NO

10- See attached

11- See attached

14- See attached

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). Check tires, lights and fluids
- 2). Check truck information

(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.

(8) Emergency Contact

Raymond Davis

