

RECEIPT

DATE

03/31/25

No.

927989

RECEIVED FROM

Al Services General LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1896

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☐ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

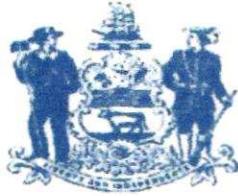
FROM

6859

TO

BY

M.M.



RECEIVED

MAR 31 2025

ONREC - 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

Language Preference:

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- 1896 Expiration Date March 31, 2026

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 A1 Services General LLC

Location Address:	Mailing Address:
<u>99 Laura Ct Wilmington De 19804</u>	<u>Same</u>

Contact: Charlotte M Maher Title: Owner

Business Phone: 302-999-0397 Fax: 302-999-0361

E-mail [REDACTED]

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship
☐ Partnership
☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____

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

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

☒ Attachment B

(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

A-1 SERVICES GENERAL, LLC
ROLL OFF SERVICES
99 S. Laura Court
Wilmington, DE 19804



6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
☐ Industrial waste (from a manufacturing or industrial process)
☒ Dry waste: ☒ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☐ Asbestos-containing waste
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☒ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☒ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☒ No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☐ Yes ☒ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- ☒ Delaware Solid Waste Authority locations: (attachment) Northern Cherry Island Land Fill
- ☐ 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# 1318963 MC# _____

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

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 checked="" 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"/>

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.

- 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 _____

Robert F Maher Sr has driven ^{PM} Truck & Trailer from 1997 to date

No violations to date

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 4562

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** Charlotte M. Maher **Date** 3/27/25

Print Name Charlotte M. Maher **Title** Owner

****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.

[illegible]

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.

A-1 SERVICES GENERAL, LLC
ROLL OFF SERVICES
99 S. Laura Court
Wilmington, DE 19804



#4 Company Ownership Information

B (b) attachment

Charlotte M. Maher
99 South Laura Court
Wilmington, DE 19804



100% Owner



STATE OF DELAWARE
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE, TAG AND REGISTRATION NO. C43996		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 17		ACTUAL VEHICLE MILEAGE	
MANUFACTURER AND YEAR CHEV 2022		MODEL SIL		BODY STYLE PK		YEARLY FEE 112.00	
TITLE DATE 09/07/2022		EXPIRATION DATE 05/08/2029		VEHICLE IDENTIFICATION NO. 2GC4YNEY5N1214449			
REG WEIGHT 9,000		MGVWR 11,150		USE NEW		COLOR SIL	

MAHER ROBERT F SR
MAHER CHARLOTTE M
99 S LAURA CT
LAURAL VILLAGE
WILMINGTON

DE 19804

2022090768398430AJA 0045640RT C0043996
&OR

—WARNING—

FAILURE TO MAINTAIN INSURANCE
WILL RESULT IN FINES AND
REGISTRATION SUSPENSION
UNLESS THE LICENSE PLATE
IS SURRENDERED TO THE
DIVISION OF MOTOR VEHICLES
PRIOR TO EXPIRATION OF
INSURANCE COVERAGE.

1. THIS IS NEITHER A DRIVER'S LICENSE NOR A CERTIFICATE OF TITLE TO A MOTOR VEHICLE.
2. ALWAYS KEEP THIS REGISTRATION CARD WITH THE VEHICLE IT DESCRIBES.
3. YOUR INSURANCE I.D. CARD MUST BE WITH THE VEHICLE WHEN IT IS BEING OPERATED.
4. A NEW OWNER MAY NOT DRIVE UNDER THIS REGISTRATION UNTIL A CERTIFICATE OF TITLE HAS BEEN ISSUED IN THE NEW OWNER'S NAME.

OWNER'S SIGNATURE

BY

WARNING - When you sell/release interest in this vehicle, fill out all the information shown below or attach the registration card to the Seller's Report of Sale on the Delaware title. Send this card to the Division of Motor Vehicles, ATTN: ROS, P.O. Box 698, Dover, Delaware 19903.

THE TITLE TO THE VEHICLE DESCRIBED ON THE OTHER SIDE WAS ASSIGNED TO:

—NOTE—

THE SELLER OF THIS VEHICLE MAY
APPLY FOR A DOCUMENT FEE
REFUND IF THE SALE IS WITHIN 60
DAYS OF TITLE DATE OF THE NEW
VEHICLE AND SUBMITTED TO DMV
WITHIN 15 DAYS.

BUYER'S NAME _____ OF
(ADDRESS) _____
ON _____
BUYER'S DRIVER'S LICENSE NO. _____
SELLER'S SIGNATURE _____

INSURANCE IDENTIFICATION CARD

(STATE) Delaware
COMPANY NUMBER 357
POLICY NUMBER 0146439395
YEAR 2022 MAKE/MODEL CHEVY TRUCKS/SILV2500
AGENCY/COMPANY ISSUING CARD WILLIAMS INSURANCE AGENCY, INC.
PO BOX 1240
HOCKESSIN, DE 19707
INSURED Robert F Maher Sr and Charlotte Maher Sr
99 S Laura Ct
Wilmington, Delaware 19804

COMPANY Encompass Insurance Co. of America
☐ COMMERCIAL ☒ PERSONAL
EFFECTIVE DATE 04/29/2022 EXPIRATION DATE 05/29/2022
VEHICLE IDENTIFICATION NUMBER 2GC4YNEY5N1214449

Driver Vehicle Inspection Report

Driver's Name: _____
 Company: A-1 Services General LLC.
 DE License #: C6556

Date: _____
 U.S. DOT: 1318963

Checklist:

Emergency Equipment:

	OK	Prob.		OK	Prob.
Tires, Wheels, Rims			Reflective Triangle		
Front Windshield			Fire Extinguisher		
Side Glass			First Aid Kit		
Rear Window			Flashlight		
Outside Mirrors left/right			Leather Gloves		
Exhaust			Shovel, scraper		
Fuel System			Hard rake, broom		
Belts					
Engine			Daily Fluid Checks:		
Leaks			Oil Level		
Head Lights			Power Steering		
Tail Lights			Wiper Fluid		
Stop & Turn Lights			Transmission		
Clearance & Marker Lights			Radiator Coolant		

Oil Pressure Guage		
Amp Guage		
Horn		
Windshield Wipers		
Parking Brakes		
Transmission (Auto)		
Steering		
Speedometer		
Tachometer		
Trailerhitch		

Driver Trailer Inspection Report

Driver's Name: _____
 Company: A-1 Services General LLC
 DE License #: T20240
 Truck VIN# 40BDT1625VMSS0019

Date: _____
 U.S. DOT: 1318963

Check List:	OK	Prob.
Safety Chains		
Safety Breakaway Switch		
Coupler		
Equalizing Bars		
7 way Electric Plug		
Tail Lights		
Stop & Turn Lights		
Marker Lights		
Left Side Front Tire, Wheel, Rim		
Left Side Rear Tire, Wheel, Rim		
Right Side Front Tire, Wheel, Rim		
Right Side Rear Tire, Wheel, Rim		
Fender Mud Flap Front & Rear		
Hydraulic Lines - Chaffing & Leaks		







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2025

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.

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 S.T. GOOD INSURANCE, INC. 100 CHRISTIANA MED, NEWARK, DE 19702		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United Financial Casualty Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 397754504117208509D032825T174932

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N		02/01/2025	02/01/2026	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? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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 \$
A	See ACORD 101 for additional coverage details.	N	N		02/01/2025	02/01/2026	\$

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

CERTIFICATE HOLDER

CANCELLATION

DNREC
 89 Kings Highway
 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

Mark Pank

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY S.T. GOOD INSURANCE, INC.		NAMED INSURED A-1 SERVICES GENERAL, LLC 99 S LAURA COURT WILMINGTON, DE 19804	
POLICY NUMBER [REDACTED]		EFFECTIVE DATE: 02/01/2025	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

Description of Location/Vehicles/Special Items**Scheduled autos only**

1997 LOAD BOSS Trailer 40BDT1625VMSS0019
2008 CHEVROLET SILVERADO C2500 1GCHK29658E206705
Collision \$500 Ded
Comprehensive \$500 Ded
Uninsured Motorist Property Damage \$10,000 w/\$250 Ded

DELAWARE SOLID WASTE TRANSPORTER ANNUAL REPORT

Due April 1, 2025

Delaware solid waste transporters are required to submit an Annual Report pursuant to Section 7.2.7.1 of Delaware's *Regulations Governing Solid Waste (DRGSW)*. Please provide the information as requested below.

Company Name AI Services General LLC Permit Number DE-SW- 1896

COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	<u>99 S Laura Ct</u>
Address 2	
City, State, Zip +4	<u>Wilmington De 19804-2044</u>

Physical Location Address:	
<input checked="" type="checkbox"/> Same as mailing	
Address 1	
Address 2	
City, State, Zip +4	

Contact Name: Charlotte M. Maher Title: Owner

Business Phone: 302-999-0397 Fax: 302-999-0361

E-mail: [REDACTED]

24-hour Emergency Contact Phone: [REDACTED]

WASTE TYPES

Please confirm the waste types in which your company transports.

- | | | | |
|---|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input checked="" type="checkbox"/> Dry |
| <input type="checkbox"/> Ash | <input type="checkbox"/> Infectious | <input type="checkbox"/> PHC Soils | <input type="checkbox"/> Asbestos |
| <input checked="" type="checkbox"/> Recyclables | <input type="checkbox"/> Scrap Tires | | |

If you transport PHC soils, do you use Clean Earth of New Castle? ☐ Yes ☒ No

Do not haul dirt

VEHICLES

Did your company purchase new vehicles during calendar year 2024? ☐ Yes ☒ No

If yes, please provide a complete list of all vehicles being operated under your Delaware solid waste transporter permit. Please include a copy of the lease agreement if the vehicle is now owned by your company.

CERTIFICATION

I certify that I am familiar with the information submitted in this report, and that upon personal knowledge and information, the information is true, accurate, and complete.

Name / Title: Charlotte M. Maher / owner

Signature / Date: Charlotte M. Maher 3/27/25