

# RECEIPT

DATE

12/26/24

No.

628181

RECEIVED FROM

Cleanart King Junk Removal Service

\$

350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☐ FOR

DE-SW-2042

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

0103

TO

BY

M/M

3-11



RECEIVED

DEC 26 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- 2042 Expiration Date March 31, 2025

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

**SCRAP TIRES ONLY**

- ☐ 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 Cleanout King Junk Removal Services

Location Address:	Mailing Address:
<u>960 S Chapel Newark DE 19713</u>	<u>3757 Hicks Ln. GARNET VALLEY PA 19060</u>

Contact: Bernie Lynch Title: Owner

Business Phone: 410-500 9501 Fax: NA

E-mail: CleanoutKingServices@gmail.com

24 hr Emergency Contact Phone: 

## 4. Company Ownership Information

(a) Please indicate the company type:

☒ Proprietorship

☐ Partnership

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_

☐ 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.

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

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

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

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

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

## 8. Treatment, Storage, and Disposal Facilities

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

- ☒ Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
- ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils )
- ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
- ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

## 9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment \_\_\_\_\_
- ☒ 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# 4138134 MC# NA

- ☐ 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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 checked="" 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"/>

#### 11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment ✓

#### 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment ✓

### 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

*M*

### 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 *Bernard Lynch* Date 12-12-29

Print Name BERNARD LYNCH Title Owner

**\*\*A legal owner or corporate officer must sign 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]



# Driver Training

I Bernie Lynch am a owner/operator. I hold my class A CDL. I have over 13 years experience driving with a class A CDL. we/I inspect my vehicle and trailer daily. I don't have any points and hold a clean driving record. In a case of a emergency we will follow the spill control plan.

Bernie J 12/12/24

Company Ownership Information.

Bernie Lynel

100% owner

3737 Hicks Lane, Garnet Valley PA 19060



## 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). *Inspect Before and after. Always check tires and secured load*
- 2). *We also inspect / maintain weekly (wash / Grease / Service)*

(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: *Bernie Lynd*

Phone: [REDACTED]

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)

Maryland:

New Jersey:

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

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

*Owner: Bernie Lynd*  
*Bernie Lynd*

# Spill Control & Safety

## List of Safety Equipment:-

- Flares
- Triangles
- Spill Kit
- Hard hat
- Vest

## Driver Preventive Measures -

- Pre/Post trip inspections
- Daily/weekly inspections
- Daily Maintenance

## Driver immediate Corrective Actions -

- Call 1-800-662-8802  
302-739-9401

CERTIFICATE OF INSURANCE					ISSUE DATE 12/16/2024	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).						
PRODUCER Northeast Agencies, Inc Attn: Ivantage PO Box 660610 Dallas, TX 75266			INSURER(S) AFFORDING COVERAGE			
			INSURER A: Covington Specialty Insurance Company			
			INSURER B: N/A			
INSURED Clean Out King Junk Removal 3737 Hicks Lane Garnet Valley, PA 19060			INSURER C:			
			INSURER D:			
			INSURER E: Covington Specialty Insurance Company			
COVERAGES						
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	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY		12/21/2024	12/21/2025	GENERAL AGGREGATE	2,000,000
					PRODUCTS-COM/OP AGG.	2,000,000
					PERSONAL & ADV. INJURY	1,000,000
					EACH OCCURRENCE	1,000,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5,000
B	PERSONAL LIABILITY				COMBINED SINGLE LIMIT	
					MEDICAL PAYMENTS TO OTHERS	
C	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
D						
E	PROPERTY		12/21/2024	12/21/2025	BUILDING	160,000
					CONTENTS	
					BUSINESS INCOME	
The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association. Placed by: Keith E Allred, TAPCO Underwriters, Inc., 3060 South Church Street, Burlington, NC 27215						
DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS Warehouses private Other than Not- For- Profit, General Storage Warehouses, Garbage, Ash or Refuse Collecting. LevelUp Home Services, LLC are named as additional insureds with respects to general liability.						
CERTIFICATE HOLDER Boris Lyman Cleanout King Junk Removal Services				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 SIGNATURE Keith E Allred		



Renewal auto policy declarations  
Policy number: [REDACTED]  
Policy effective date: October 14, 2024

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## Coverage detail for 2018 Chevy Trk Tahoe

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance - Full Tort			
▪ Bodily Injury	\$100,000 each person \$300,000 each occurrence	Not applicable	\$307.11
▪ Property Damage	\$100,000 each occurrence	Not applicable	\$146.96
Auto Collision Insurance	Actual cash value	\$500	\$375.52
(Safe Driving Deductible Reward - deductible reduction amount available is \$500)			
Auto Comprehensive Insurance	Actual cash value	\$100	\$299.77
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Underinsured Motorists Insurance	\$100,000 each person \$300,000 each accident	Not applicable	\$56.91
Full Tort / Stacked Limits			
Uninsured Motorists Insurance	\$100,000 each person \$300,000 each accident	Not applicable	\$45.88
Full Tort / Stacked Limits			
Accidental Death	Not purchased*		
Combination Package	Not purchased*		
▪ Accidental Death			
▪ Funeral Expenses			
Extraordinary Medical	Not purchased*		
Funeral Expenses	\$2,500 each person	Not applicable	\$0.40
Income Loss			
Each person up to	\$5,000 maximum benefit	Not applicable	\$1.48
Subject to	\$1,000 monthly maximum		
Medical Expenses	\$10,000 each person	Not applicable	\$25.59
Sound System	Not purchased*		
Tape	Not purchased*		
<b>Total premium for 2018 Chevy Trk Tahoe</b>			<b>\$1,259.62</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1GNSKBKC6JR233584

Lienholder  
Sun Trust Bank

### Rating information

- This vehicle is driven between 13,001 and 14,000 miles per year.

PA010RBD (10/22)



Renewal auto policy declarations  
Policy number: [REDACTED]  
Policy effective date: October 14, 2024

## Coverage detail for 2009 GMC Sierra 2500

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance - Full Tort			
• Bodily Injury	\$100,000 each person \$300,000 each occurrence	Not applicable	\$139.80
• Property Damage	\$100,000 each occurrence	Not applicable	\$120.28
Auto Collision Insurance	Actual cash value	\$500	\$222.68
(Safe Driving Deductible Reward - deductible reduction amount available is \$500)			
Auto Comprehensive Insurance	Actual cash value	\$100	\$203.63
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Underinsured Motorists Insurance	\$100,000 each person	Not applicable	\$71.34
Full Tort / Stacked Limits	\$300,000 each accident		
Uninsured Motorists Insurance	\$100,000 each person	Not applicable	\$41.90
Full Tort / Stacked Limits	\$300,000 each accident		
Accidental Death	Not purchased*		
Combination Package	Not purchased*		
• Accidental Death			
• Funeral Expenses			
Extraordinary Medical	Not purchased*		
Funeral Expenses	\$2,500 each person	Not applicable	\$0.40
Income Loss			
Each person up to	\$5,000 maximum benefit	Not applicable	\$0.78
Subject to	\$1,000 monthly maximum		
Medical Expenses	\$10,000 each person	Not applicable	\$13.05
Sound System	Not purchased*		
Tape	Not purchased*		
<b>Total premium for 2009 GMC Sierra 2500</b>			<b>\$813.86</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1GTHC63649F170501

Lienholder  
Langley Federal Credit Union Isaoa

### Rating information

- This vehicle is driven between 5,001 and 6,000 miles per year.

Renewal auto policy declarations  
Policy number: [REDACTED]  
Policy effective date: October 14, 2024

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## Coverage detail for 2003 Chevy Trk Silverado2wd

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance - Full Tort			
• Bodily Injury	\$100,000 each person \$300,000 each occurrence	Not applicable	\$137.47
• Property Damage	\$100,000 each occurrence	Not applicable	\$121.09
Auto Collision Insurance	Actual cash value	\$500	\$163.10
(Safe Driving Deductible Reward - deductible reduction amount available is \$500)			
Auto Comprehensive Insurance	Actual cash value	\$100	\$117.03
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Underinsured Motorists Insurance	\$100,000 each person	Not applicable	\$86.00
Full Tort / Stacked Limits	\$300,000 each accident		
Uninsured Motorists Insurance	\$100,000 each person	Not applicable	\$50.53
Full Tort / Stacked Limits	\$300,000 each accident		
Accidental Death	Not purchased*		
Combination Package	Not purchased*		
• Accidental Death			
• Funeral Expenses			
Extraordinary Medical	Not purchased*		
Funeral Expenses	\$2,500 each person	Not applicable	\$0.40
Income Loss			
Each person up to	\$5,000 maximum benefit	Not applicable	\$0.80
Subject to	\$1,000 monthly maximum		
Medical Expenses	\$10,000 each person	Not applicable	\$13.47
Sound System	Not purchased*		
Tape	Not purchased*		
<b>Total premium for 2003 Chevy Trk Silverado2wd</b>			<b>\$689.89</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1GBJC34U13E318666

### Rating information

- This vehicle is driven between 4,001 and 5,000 miles per year.

## Coverage detail for 2023 Dt7144kbp

Coverage	Limits	Deductible	Premium
Auto Collision Insurance	Actual cash value up to: \$8,000	\$0	\$10.98

(continued)

PA010RBD (10/22)



Renewal auto policy declarations  
Policy number: [REDACTED]  
Policy effective date: October 14, 2024

Coverage	Limits	Deductible	Premium
Auto Comprehensive Insurance	Actual cash value up to: \$8,000	\$0	\$14.18
<b>Total premium for 2023 Dt7144kbp</b>			<b>\$25.16</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 7HUBD1424PY005160

**Lienholder**  
Merrick Bank

**Rating information**

- This vehicle is used as a trailer

**Coverage detail for 2022 St8214tldd**

Coverage	Limits	Deductible	Premium
Auto Collision Insurance	Actual cash value up to: \$7,500	\$0	\$10.29
Auto Comprehensive Insurance	Actual cash value up to: \$7,500	\$0	\$13.30
<b>Total premium for 2022 St8214tldd</b>			<b>\$23.59</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 5JW1D1429N4371906

**Rating information**

- This vehicle is used as a trailer

**Coverage detail for 2006 Chevrolet Impala**

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance - Full Tort			
• Bodily Injury	\$100,000 each person \$300,000 each occurrence	Not applicable	\$139.96
• Property Damage	\$100,000 each occurrence	Not applicable	\$123.95
Auto Collision Insurance	<b>Not purchased*</b>		
Auto Comprehensive Insurance	<b>Not purchased*</b>		
Rental Reimbursement	<b>Not purchased*</b>		
Towing and Labor Costs	<b>Not purchased*</b>		
Underinsured Motorists Insurance Full Tort / Stacked Limits	\$100,000 each person \$300,000 each accident	Not applicable	\$98.07

(continued)



Renewal auto policy declarations  
Policy number: **977 168 524**  
Policy effective date: October 14, 2024

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Coverage	Limits	Deductible	Premium
Uninsured Motorists Insurance	\$100,000 each person	Not applicable	\$57.61
Full Tort / Stacked Limits	\$300,000 each accident		
Accidental Death	<b>Not purchased*</b>		
Combination Package	<b>Not purchased*</b>		
▪ Accidental Death			
▪ Funeral Expenses			
Extraordinary Medical	<b>Not purchased*</b>		
Funeral Expenses	\$2,500 each person	Not applicable	\$0.40
Income Loss			
Each person up to	\$5,000 maximum benefit	Not applicable	\$1.38
Subject to	\$1,000 monthly maximum		
Medical Expenses	\$10,000 each person	Not applicable	\$22.20
Sound System	<b>Not purchased*</b>		
Tape	<b>Not purchased*</b>		
<b>Total premium for 2006 Chevrolet Impala</b>			<b>\$443.57</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 2G1WT58K669320208

#### Rating information

- This vehicle is driven between 4,001 and 5,000 miles per year.

## Additional coverages

Identity Theft Expenses	<b>Not purchased*</b>
-------------------------	-----------------------

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

## Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Fire and Casualty Insurance Company Auto Policy - AFA3
- PA Amendment of Policy Provisions - AU14915
- Pennsylvania Auto Amendatory Endorsement - AFA31-5





Renewal auto policy de [REDACTED]  
Policy number:  
Policy effective date: October 14, 2024

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## Important payment and coverage information

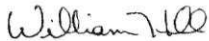
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Here is some additional, helpful information related to your coverage and paying your bill:

- ▶ Your policy reflects Allstate's Preferred Package Savings. We have applied this savings to your policy because you own a residential property and insure more than one vehicle.
- ▶ Your Gold Protection package contains the following features:
  - Accident Waiver Enhancement feature
  - Safe Driving Deductible Reward feature
- ▶ **Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.**

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**Allstate Fire and Casualty Insurance Company's** Secretary and President have signed this policy with legal authority at Northbrook, Illinois.



William Hill  
President



Christine DeBiase  
Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2025

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).

<b>PRODUCER</b> Northeast Agencies, Inc Attn: Ivantage PO Box 660610 Dallas, TX 75266	<b>CONTACT NAME:</b> Jack Ruane Allstate <b>PHONE (A/C, No, Ext):</b> 610-387-2261 <b>E-MAIL ADDRESS:</b> LDougherty@allstate.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Covington Specialty Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> Covington Specialty Insurance Company <b>INSURER F:</b>	<b>NAIC #</b>
<b>INSURED</b>  Clean Out King Junk Removal Services 3737 Hicks Lane Garnet Valley, PA 19060		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			12/21/2024	12/21/2025	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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Property			12/21/2024	12/21/2025	Building 160,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD Form 25, may be attached if more space is required)

Location of Property: 1100 Green St, Marcus Hook, PA 19061

Warehouses private Other than not- for profit, General Storage Warehouses, Garbage, Ash or Refuse Collecting.

Iron Workers Bank are named as additional Insured

Bernard John Lynch III 3737 Hicks Ln, Garney Valley, PA 19060 is additional insured

**CERTIFICATE HOLDER****CANCELLATION**Department of Natural Resources and Environmental Control  
89 Kings HWY,  
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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## Renewal auto policy declarations

Your policy effective date is October 14, 2024



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**This policy is nonparticipating with regard to paying dividends to policyholders.**

### Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number	Premium
2018 Chevy Trk Tahoe	1GNSKBKC6JR233584	\$1,259.62
2009 GMC Sierra 2500	1GTHC63649F170501	813.86
2003 Chevy Trk Silverado2wd	1GBJC34U13E318666	689.89
2023 Dt7144kbp	7HUBD1424PY005160	25.16
2022 St8214tldd	5JW1D1429N4371906	23.59
2006 Chevrolet Impala	2G1WT58K669320208	443.57

**If you pay in installments\*** **\$3,255.69**

**If you pay in full (includes FullPay® Discount)** **\$2,945.74**

*\* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).*

### Discounts (included in your total premium)

Safe Driving Club®	\$1,053.19	Multiple Policy	\$506.20
Responsible Payer	\$288.73	Early Signing	\$106.78
Homeowner	\$146.78	Allstate eSmart®	\$285.72
Anti-theft	\$82.76	Passive Restraint	\$87.75
Antilock Brakes	\$18.90	Electronic Stability Control	\$11.98

**Total discounts** **\$2,588.79**

**Policy discounts** **\$2,387.40**

Safe Driving Club®	\$1,053.19	Early Signing	\$106.78
Multiple Policy	\$506.20	Homeowner	\$146.78
Responsible Payer	\$288.73	Allstate eSmart®	\$285.72

**2018 Chevy Trk Tahoe discounts** **\$126.45**

Anti-theft	\$47.13	Passive Restraint	\$65.10
Antilock Brakes	\$7.11	Electronic Stability Control	\$7.11

**2009 GMC Sierra 2500 discounts** **\$38.47**

Anti-theft	\$22.63	Passive Restraint	\$6.10
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(continued)

Information as of September 11, 2024

### Summary

Named Insured(s)

**Bernard III J Lynch III, Hailey Lynch**

Mailing address

**3737 Hicks Lane**

**Garnet Valley PA 19060-1005**

Your policy provided by

**Allstate Fire and Casualty Insurance Company**

Policy period

Beginning **October 14, 2024** through **April 14, 2025** at 12:01 a.m. standard time

Your Allstate agency is

**Jack Ruane**

Pob 886,816 Bltmr Pk

Concordville PA 19331

(610) 459-0900

JackRuane@allstate.com

**IN ACCORDANCE WITH SECTION 1725 OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW, THIS IS TO INFORM YOU THAT COLLISION DAMAGE TO A RENTAL VEHICLE WILL BE COVERED IF: 1) THE RENTAL VEHICLE IS A FOUR WHEEL PRIVATE PASSENGER AUTOMOBILE OR A UTILITY AUTOMOBILE, AND 2) AT LEAST ONE PREMIUM FOR AUTO COLLISION COVERAGE APPEARS ON YOUR POLICY DECLARATIONS. COVERAGE WILL BE SUBJECT TO DEDUCTIBLES AND TO POLICY TERMS AND CONDITIONS, INCLUDING ANY APPLICABLE ENDORSEMENTS.**



Renewal auto policy declarations

Policy number: **977 168 524**  
Policy effective date: October 14, 2024

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**2009 GMC Sierra 2500 discounts \$38.47**

Antilock Brakes	\$4.87	Electronic Stability Control	\$4.87
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**2003 Chevy Trk Silverado2wd discounts \$23.54**

Anti-theft	\$13.00	Passive Restraint	\$6.28
Antilock Brakes	\$4.26		

**2006 Chevrolet Impala discounts \$12.93**

Passive Restraint	\$10.27	Antilock Brakes	\$2.66
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**Listed drivers on your policy**

**Bernard III Lynch III** - Married male driver, age 34, Safe Driving Club  
**Hailey Lynch** - Married female driver, age 31, Safe Driving Club

**Excluded drivers from your policy**

None