

# RECEIPT

DATE

6/3/25

No.

743848

RECEIVED FROM

Swain Excavation Inc

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1607

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

46306

TO

BY

AC



RECEIVED

JUN 03 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- 1607 Expiration Date 9-30-25

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

**SCRAP TIRES ONLY**

- ☐ 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**

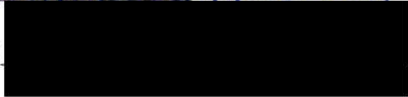
Company Name Swain Excavation, Inc.

Location Address:	Mailing Address:
7158 Marshall St.	7158 Marshall St
Lincoln DE 19960	Lincoln DE 19960

Contact: Melissa Williams Title: Owner

Business Phone: 302-422-4349 Fax: \_\_\_\_\_

E-mail: swainexcavationinc@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: Lincoln State: DE Date: 1994

☐ 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 # 1

(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

No Additional 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) #2
- ☐ 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# 1102987 MC# N/A

- ☒ 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.

We do not leave Delaware so no MC# is needed.

### 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 #3

#### 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 #4



### 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.**

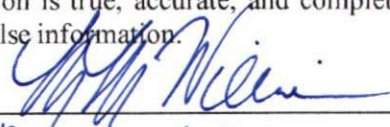
☐ Attachment \_\_\_\_\_

☒ 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

5-22-25

Print Name

Melissa Williams

Title

Owner

**\*\*A legal owner or corporate officer must sign the application\*\***

# Swain Excavation, Inc.

7158 Marshall St.

Lincoln, DE 19960

office - (302) 422-4349

[SwainExcavationInc@gmail.com](mailto:SwainExcavationInc@gmail.com)

Attachment # 1

Owner - Melissa M. Williams

DOB :

100% ownership



**Swain Excavation, Inc.**

**7158 Marshall St.**

**Lincoln, DE 19960**

office - (302) 422-4349

[SwainExcavationInc@gmail.com](mailto:SwainExcavationInc@gmail.com)

#1 Jones Crossroads Landfill  
28560 Landfill Ln.  
Georgetown, DE 19947

#2 Sandtown Landfill  
1107 Willow Grove Rd  
Felton DE 19943

# Swain Excavation, Inc.

7158 Marshall St.

Lincoln, DE 19960

office - (302) 422-4349

SwainExcavationInc@gmail.com

Attachment # 3

#3

## Spill Control and Safety Plan for Swain Excavation, Inc Waste Haulers

**\*\*Equipment carried on all vehicles:**

Reflectors and / or flares

Fire Extinguisher

First Aid Kit

Heavy duty gloves

Reflective Vest, hard hat, safety glasses

**\*\*All loads will be covered or tarped to prevent any material from being discharged during transport to disposal facility**

**\*\*Drivers will perform walk around pre trip prior to each transport to ensure containment of waste**

**\*\*If there is any occurrence of discharge of waste material, or accidents all drivers are instructed to call Melissa Williams office coordinator at 302-422-4349. The proper authorities will be contacted accordingly to the appropriate municipalities listed below:**

911, 302-739-9401 or 1-800-662-8802

Swain Excavation only hauls dry waste from demolition and clearing jobs, so therefore will conduct any necessary cleanup

**\*\*This plan will be carried in all vehicles as well as the permit**

# **Swain Excavation, Inc.**

**7158 Marshall St.**

**Lincoln, DE 19960**

office - (302) 422-4349

SwainExcavationInc@gmail.com

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## **Attachment #4**

Swain Excavation, Inc drivers are CDL endorsed. Driver records are updated annually per insurance and DOT requirements. Weekly safety meetings are held at 7 am every Monday.

Drivers are trained in the loading and unloading of waste from job sites as well as the operation of the roll off truck and or dump truck they are utilizing.



**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]

# Swain Excavation, Inc.

7158 Marshall St.

Lincoln, DE 19960

office - (302) 422-4349

[SwainExcavationInc@gmail.com](mailto:SwainExcavationInc@gmail.com)

## Drivers

- Jason Sapp
- Jerry Sharp





SWAIEXC-01

HHEATTERICH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2025

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  
L & W Insurance Inc.  
1154 S Governors Ave  
Dover, DE 19904

## CONTACT

NAME:

PHONE (A/C, No, Ext): (302) 674-3500

FAX

E-MAIL ADDRESS: contact@lwinsurance.com

(A/C, No): (302) 674-2909

## INSURED

Swain Excavation Inc  
7158 Marshall St  
Lincoln, DE 19960

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Westfield Champlon Insurance Comapny

16447

INSURER B: Atlantic States

22586

INSURER C: American Interstate Insurance

31895

INSURER D:

INSURER E:

INSURER F:

## 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"/> 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			7/7/2024	7/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7/7/2024	7/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			7/7/2024	7/7/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			1/7/2025	1/7/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

## 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



# STATE OF DELAWARE

## Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE  
1994105470

**EFFECTIVE**

01/01/2023 - 12/31/2025

**ISSUED TO**

SWAIN EXCAVATION INC  
7158 MARSHALL ST  
LINCOLN DE 19960-3158

**LOCATION**

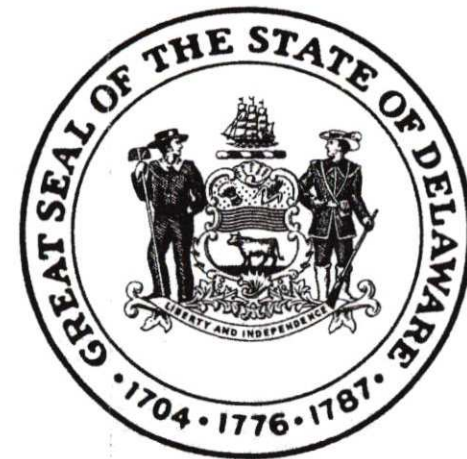
SWAIN EXCAVATION INC  
7158 MARSHALL ST  
LINCOLN, DE 19960-

**TRADE, BUSINESS, OR  
PROFESSIONAL ACTIVITY**

**RESIDENT CONTRACTOR**

**ISSUED:** 09/18/2022  
**FEE PAID:** \$150.00

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.



**2025**

POST CONSPICUOUSLY - NOT TRANSFERABLE



## Davis, DaQuan (DNREC)

---

**From:** Swain Excavation <swainexcavationinc@gmail.com>  
**Sent:** Friday, June 6, 2025 9:24 AM  
**To:** WHStranporters  
**Subject:** Re: DNREC Notice- Incomplete Delaware Solid Waste Transporter Permit Application (Swain Excavation DE-SW-1607)  
**Attachments:** COI.pdf

I think I got it right this time. Sorry about that.

On Thu, Jun 5, 2025 at 9:26 AM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Okay sounds good.

Thank you,



**DaQuan L. Davis**

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



**From:** Swain Excavation <[swainexcavationinc@gmail.com](mailto:swainexcavationinc@gmail.com)>

**Sent:** Thursday, June 5, 2025 9:13 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** Re: DNREC Notice- Incomplete Delaware Solid Waste Transporter Permit Application (Swain Excavation DE-SW-1607)

I am waiting on my insurance company to forward an update COI. I/Swain Excavation own all the vehicles. None of them are leased or anything. I have the titles.

On Wed, Jun 4, 2025 at 2:36 PM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hi Ms. Williams,

Thank you for submitting your application for 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 10-** Please provide an updated Certificate of Insurance. Ensure that the Certificate Holder section includes the address for the Department of Natural Resources and Environmental Control: 89 Kings Highway, Dover, DE 19901 Kings Highway, Dover, DE 19901.
- **Section 13-** Could you clarify who owns all the vehicles listed in your application?

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](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)





SWAIEXC-01

HHEATTERICH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2025

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PRODUCER L & W Insurance Inc. 1154 S Governors Ave Dover, DE 19904	CONTACT NAME: PHONE (A/C, No, Ext): (302) 674-3500 E-MAIL ADDRESS: contact@lwinsurance.com FAX (A/C, No): (302) 674-2909
INSURED  Swain Excavation Inc 7158 Marshall St Lincoln, DE 19960	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Champion Insurance Comapny INSURER B : Atlantic States INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 16447 22586

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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B	AUTOMOBILE LIABILITY <input checked="" 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			7/7/2024	7/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			7/7/2024	7/7/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	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 \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Dept of Natural Resources & Environmental Control-Solid & Hazardous Waste Mgmt Section  
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