

# RECEIPT

DATE

9/2/25

No.

743679

RECEIVED FROM

Dumpster Express LLC

\$ 350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE SW 2084

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

0306

TO

BY

HG



DELAWARE DEPARTMENT OF  
NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL

RECEIVED

SEP 02 2025

DNREC - WHS

89 Kings Highway  
Dover, DE 19901  
302-739-9403  
dnrec.delaware.gov

**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- 2084 Expiration Date 12/31/2025

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 Dumpster Express LLC

Location Address:	Mailing Address:
21 Crozerville Road, Aston, PA 19014	21 Crozerville Road, Aston, PA 19014

Contact: Jenny Showers Title: Operations Coordinator

Business Phone: 610-558-3394 Fax: \_\_\_\_\_

E-mail: jshowers@dumpsterexpress.us

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: Pennsylvania  
☐ 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 A

(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) C
  - ☐ 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 D
- ☐ 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# 4086393 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.

Dumpster Express is not required to have a MC number because we are a private carrier that does not haul federally regulated material.

### 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 type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" 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 E

#### 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 F



### 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 8-25-25  
Print Name John Smith 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.

**Attachment - A**

John Smith

Owner – Dumpster Express

100% ownership



21 Crozerville Road

Aston, PA 19014

## **Attachment - C**

### 8. Treatment, Storage, and Disposal Facilities

#### (b). Other In-state solid waste facilities, including private facilities:

WM-DRPI Landfill

198 Marsh Lane

New Castle, DE 19720

**Attachment - E**

**DUMPSTER EXPRESS LLC  
SPILL CONTROL PLAN**

1. Spill control and safety equipment carried in each vehicle:
  - a). Reflectors and/or flares
  - b). Fire extinguisher
  - c). First aid kit
  - d). Heavy-duty gloves, hard hat
  - e). Flashlight
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 when hauling waste:
  - a). Make sure all debris/material is secure and will not fall out during transportation
  - b). Make sure all safety equipment is charged and secured.
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:
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**
  - **Pennsylvania: 911, PA DEP 1-800-541-2050, National Response Center 1-800-424-8802**
6. This plan will be carried in all vehicles, along with the permit.

## **Attachment - F**

### **DUMPSTER EXPRESS LLC**

#### **DRIVER TRAINING**

1. When hired, all drivers are required to review/sign the following documents
  - a). Safe Driving and Training Acknowledgement Form – states that the driver knows what is expected of them to keep them and others safe while on the road.
  - b). Procedural Guidelines for Drivers – gives drivers a checklist of tasks to complete with each job. Outlines the proper steps to follow the disposal of nonhazardous solid waste and correct disposal.
  - c). Drivers Policy Acknowledgement Form – Department of Transportation FMCSA distracted driving policy handouts for review. Cargo Policy – drivers are responsible for securing any load they are carrying, monitoring cargo shifting and tying loads down appropriately. Medical Card Policy – cards are always carried with them, no exceptions. Spill Control Plan – laminated and pinned in trucks for easy review.
2. When hired Dumpster Express obtains the motor vehicle record for use in making decisions to hire or terminate drivers. The MVR is checked every year to ensure drivers are compliant with our requirements. If not, then a mandatory meeting is held with the driver to discuss further actions if necessary.
3. CDL License and Medical Card are required to operate trucks. No other special licenses are required. We do not haul hazardous material.
4. A Drug and Alcohol Policy is in place. Upon hiring and random testing is done according to the FMCSA guidelines.
5. Drivers are required to have a minimum of 3 years of industry experience within a roll off truck.
6. Weekly check-in with drivers regarding safety updates/concerns.
7. Upon hire drivers will be informed of the importance of transport permits and that they must be displayed clearly on the truck (PA-WH# and DE-WH#) and they also are required to inform the office if expiration date is near.

## Davis, DaQuan (DNREC)

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**From:** Jenny Showers DE <JShowers@DumpsterExpress.us>  
**Sent:** Tuesday, September 9, 2025 1:35 PM  
**To:** WHStranporters  
**Subject:** Re: DNREC Notice- Delaware Solid Waste Transporter Permit Application  
**Attachments:** PA Solid Waste Permit.pdf; Certificate of Insurance-Dumpster Express.pdf

Sorry for the delayed response to your email.

Responding to the items you listed:

- **Section 8(b)-** Does Dumpster Express only use DRPI as a disposal facility? Yes, we only use them when needed. We have not dumped in Delaware (Cherry Island or DRPI) since some time last year.
- **Section 9(a)-** Please provide a copy of the company's home state solid waste transporter permit. Copy of the permit is attached
- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901. The COI is attached.
- **Section 10-** Please provide an MCS-90 endorsement form. The MCS-90 endorsement form policy # must match your automotive liability insurance on your certificate of insurance. Dumpster Express is not required to have a MC number because we are a private carrier that does not haul federally regulated material.

Hopefully this addresses all items. If you need anything else, please let me know.

Thank you  
Jenny Showers  
Dumpster Express  
610-558-3394

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**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>  
**Sent:** Wednesday, September 3, 2025 9:53 AM  
**To:** Jenny Showers DE <JShowers@DumpsterExpress.us>  
**Subject:** DNREC Notice- Delaware Solid Waste Transporter Permit Application

Hello Ms. Showers,

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 8(b)-** Does Dumpster Express only use DRPI as a disposal facility?
- **Section 9(a)-** Please provide a copy of the company's home state solid waste transporter permit.
- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.



- **Section 10-** Please provide an MCS-90 endorsement form. The MCS-90 endorsement form policy # must match your automotive liability insurance on your certificate of insurance.

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

Thank you,

DaQuan Davis



**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

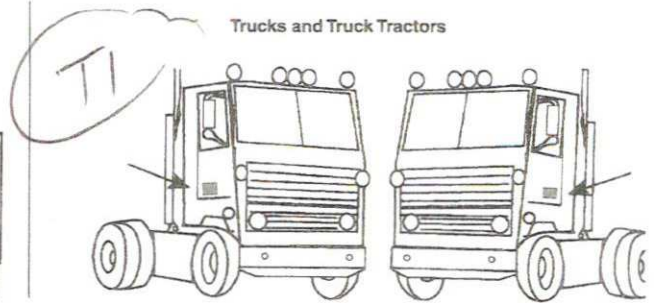
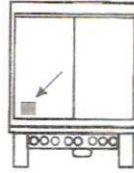
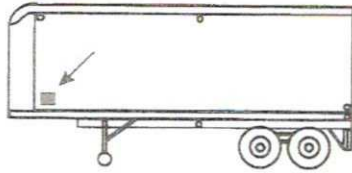
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



Trailers

Trucks and Truck Tractors

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

55



# COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

4205260051

Phone No. (610)-558-3294

VIN# 1M2GR3GC4LM012005

WH24205

Expires Jun 2026

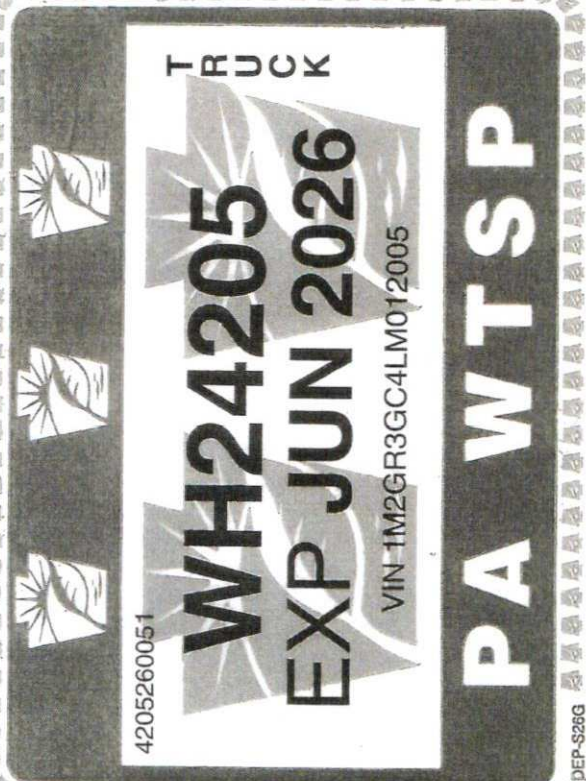
DUMPSTER EXPRESS, LLC  
JENNY SHOWERS  
21 CROZERVILLE RD  
ASTON, PA 19014-1431

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



## APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2025

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> Montgomery Insurance Services Inc. 330 West State Street  Media PA 19063		<b>CONTACT NAME:</b> Nicole Pyle <b>PHONE (A/C, No, Ext):</b> (610) 565-8280 <b>FAX (A/C, No):</b> (610) 565-9685 <b>E-MAIL ADDRESS:</b> Npyle@montgomeryinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Donegal Mutual Insurance Company	
		<b>INSURER B:</b> Atlantic States Insurance Co	
		<b>INSURER C:</b> Berkley Industrial	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 2025 MASTER **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			CPP9321084	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1000162462	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$			CXL9321084	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<input checked="" 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	BIN291318266	05/01/2025	05/01/2026	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
A	Contractor's Tools & Equipment			CPP9321084	05/01/2025	05/01/2026	Blanket Unscheduled \$250,000 Blanket Leased/Rented \$250,000 Deductible \$5,000

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

Delaware Dept. of Natural Resources and Environmental Control Compliance and Permitting Section

## CERTIFICATE HOLDER

## CANCELLATION

Delaware Dept. of Natural Resources & Environmental Control  
and Permitting 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

*Nicole Pyle*