

# RECEIPT

DATE

9/25/25

No.

743649

RECEIVED FROM

Hometown America LLC

\$

650.00

Six hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1385

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

677008

TO

BY

XO

# HOMETOWN AMERICA

## C O M M U N I T I E S

Direct: (312) 604-7591  
Email: [mgodoy@hometownamerica.net](mailto:mgodoy@hometownamerica.net)

September 24, 2025

### **VIA UPS OVERNIGHT DELIVERY**

Delaware Department of Natural Resources  
and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

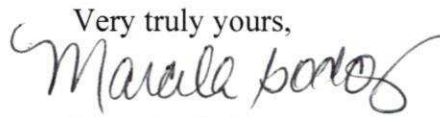
Attention: DaQuan L. Davis  
Environmental Scientist  
Division of Waste and Hazardous Substances

**RE: Hometown America Management, L.L.C.  
Solid Waste Transporter Permit Application (Renewal)  
Permit # DE-SW-1385**

Dear DaQuan:

Per our telephone conversation and email correspondence enclosed for filing please find the Solid Waste Transporter Permit Application with attachments, for Hometown America Management, L.L.C. (renewal of Permit # DE-SW-1385). Also enclosed is a check made payable to "**State of Delaware**" in the amount of \$650.00 to cover the fee for our desired two-year term permit.

If you have any questions or need additional information, please contact me at the above telephone number or email address. Thank you very much for your assistance with this matter.

Very truly yours,  
  
Marcela Godoy  
Paralegal

Encls.

cc: Nancy A. Fitch (w/enclosures)



RECEIVED

SEP 25 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**

Language Preference: English

**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- 1385 Expiration Date 9/30/2025

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 Hometown America Management, L.L.C.

Location Address:	Mailing Address:
22971 Suburban Boulevard	21707 B Street
Lewes, Delaware 19958	Rehoboth Beach, Delaware 19971

Contact: Nancy A. Fitch Title: Community Manager (Rehoboth Bay)

Business Phone: (302) 227-3745 Fax: (312) 205-1258

E-mail: nfitch@hometownamerica.net

24 hr Emergency Contact Phone: [REDACTED]

## 4. Company Ownership Information

(a). Please indicate the company type:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Municipality  
☐ Public institution  
☒ Limited Liability Corporation (LLC) State: Delaware  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment A

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☒ Attachment A  
☐ 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 B  
☐ 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 C  
☐ 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) D
- ☐ 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# \_\_\_\_\_ MC# \_\_\_\_\_

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

Our business does not travel or haul waste outside the State of Delaware.

### 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 checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
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 9/24/2025

Print Name Kenneth Kravenas Title Assistant Secretary

**\*\*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]

## 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  
Company Ownership Information

**4. Company Ownership Information**

- 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.

**Corporate Officers:**

Name and address:

Title and Ownership Percentage:

Douglas Minahan  
110 N. Wacker Drive, Suite 4500  
Chicago, IL 60606

President, Chief Investment Officer and Secretary  
Ownership percentage: -0-

Kenneth Kravenas  
110 N. Wacker Drive, Suite 4500  
Chicago, IL 60606

Assistant Secretary  
Ownership percentage: -0-

- c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address and % of ownership.

Parent Company Name: Hometown America, L.L.C.

Mailing & Physical Address: Hometown America, L.L.C.  
110 N. Wacker Drive, Suite 4500  
Chicago, IL 60606

Ownership Percentage: 100

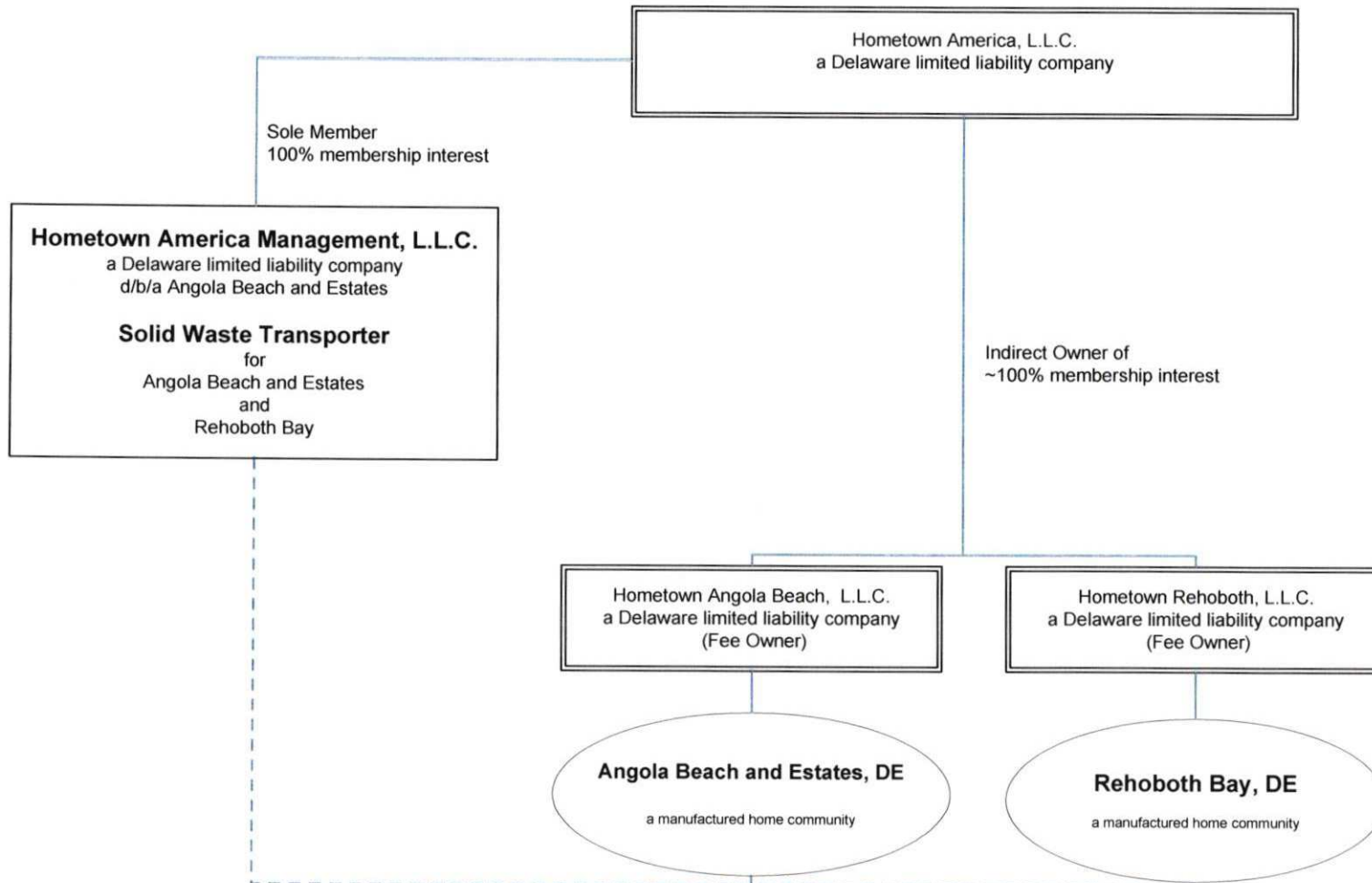
Attachment B  
Company Locations in Delaware

Company Locations:

- Angola Beach & Estates  
22971 Suburban Blvd.  
Lewes, DE 19958
- Rehoboth Bay Community  
21707 B Street  
Rehoboth Beach, DE 19971

Hometown America Management, L.L.C.  
Solid Waste Transporter Permit Renewal Application  
Permit #DE-SW-1385

Attachment C  
Company Affiliates





Attachment D  
Delaware Solid Waste Authority Locations

- **Jones Crossroads Landfill**  
28560 Landfill Lane  
Georgetown, DE 19947
- **RT 5 Transfer Station**  
29997 John P. Healy Drive  
Harbeson, DE 19951

Hometown America Management, L.L.C.  
Solid Waste Transporter Permit Renewal Application  
Permit #DE-SW-1385

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Attachment E  
Spill Control Plan

1. The following spill control and safety equipment shall be carried in all vehicles:
  - a. Reflectors and/or flares
  - b. Fire extinguisher
  - c. First aid kit
  - d. Heavy-duty gloves, hard hat
  - e. Flashlight
  - f. Spill Absorbents
  - g. Safety Jacket (raincoat/vest)
  - h. Emergency Phone Numbers
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:
  - a. Conduct a documented pre-trip inspection of the vehicle to ensure no loose trash is visible
  - b. Inspect the vehicle for any mechanical issues (leakage, turn signals, etc.)
  - c. Check the mechanical door to ensure it is secure and that the chute is empty
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 one of the following designated company coordinators:

**Name:** Tina Carlton, Community Manager (Angola Beach & Estates)  
**Phone:** [REDACTED] OR  
**Name:** Nancy A. Fitch, Community Manager (Rehoboth Bay)  
**Phone:** [REDACTED]
5. The designated company 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 contacted person will notify the state emergency response team, by calling one of the following numbers:

**Delaware: 911, (302) 739-9401 or 1-800-662-8802**
6. The designated company coordinator will coordinate the clean-up efforts as directed.
7. This plan will be carried in all vehicles, along with the permit.

Attachment F  
Driver Training

1. Hometown America Management, L.L.C. requires commercial driver's licenses ("CDL") for all drivers, and runs a standard background check, including a driving record check, upon the hiring of all drivers.
2. Drivers are included in monthly safety meetings on a range of topics.
3. Driver's full name: Robert Lawrence Hiland



STATE OF DELAWARE  
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION.  
A \$2000 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS.

TITLE TAG AND REGISTRATION NO.	OFFICIAL TAG IF ANY	GET THE BILLAGE	
CL13436			
MANUFACTURER AND YEAR	MODEL	BODY STYLE	STANDARD FEE
PTRE 2020	520	ST	958.00
TITLE DATE	EXPIRATION DATE	VEHICLE IDENTIFICATION NO.	
05/30/2024	06/12/2026	3BPDLK0X3LF107406	
REG. WEIGHT	SENDER	USE	COLOUR
56,000	64,180	TRANSFER	WHI /

202506122677900001 537 AJW \$978.00 RR CL013436

HOMETOWN AMERICA MANAGEMENT LLC  
22971 SUBURBAN BLVD  
LEWES DE 19958



STICKER INSTRUCTIONS

PLACE THIS VALIDATED DECAL ON YOUR REAR  
LICENSE PLATE

1. Clean the license plate by removing all dirt, wax and tar.
2. Wipe dry.
3. Place renewal sticker at bottom right. Press firmly.

**CAUTION:** After sticker has been applied, it cannot be removed without destroying it.

Peel Here

Update, don't violate...

Don't forget to update your E-ZPass account with new vehicle information, tag, or address. Learn more at [ezpassde.com](http://ezpassde.com)

Skip your next trip to the DMV!

Over 20 DMV services (including driver license renewal and vehicle registration renewal) are available online at [myDMV.delaware.gov](http://myDMV.delaware.gov). Register and activate your free account today!

Stay in touch!

Please make sure DMV has your updated email address for renewal reminders.

RECEIPT

Date: 6/12/2025 10:44:01  
Transaction Number: 2025061226779 GAJW  
Amount: \$978.00  
Payment Method: \$978.00 VISA \*\*\*\*4906

<b>DB</b> <small>(STATE)</small>		<b>INSURANCE IDENTIFICATION CARD</b>	
<b>COMPANY NUMBER</b> <b>25658</b>	<b>COMPANY</b> <b>The Travelers Indemnity Company</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>PERSONAL</b>
<b>POLICY NUMBER</b> <b>010-25636588</b>	<b>EFFECTIVE DATE</b> <b>12/31/2024</b>	<b>EXPIRATION DATE</b> <b>12/31/2025</b>	
<b>YEAR</b> <b>2020</b>	<b>MAKE/MODEL</b> <b>Peterbilt 520</b>	<b>VEHICLE IDENTIFICATION NUMBER</b> <b>3B9D1200231F107405</b>	
<b>AGENCY/COMPANY ISSUING CARD</b> <b>Brown &amp; Brown Insurance Services, Inc.</b> <b>2000 N Central Avenue Suite 1100</b> <b>Phoenix AZ 85004 (602) 277-6672</b>			
<b>INSURED</b> <b>Hometown America, LLC</b> <b>110 N. Wacker Drive, Suite 4500</b> <b>Chicago IL 60606</b>			
<b>SEE IMPORTANT NOTICE ON REVERSE SIDE</b>			

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2025

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> Brown & Brown Insurance Services, Inc 2800 N Central Ave, Suite 1100 PO Box 2800 Phoenix AZ 85004	<b>CONTACT NAME:</b> Amara Spizzirri <b>PHONE (A/C No. Ext):</b> 602-494-6760 <b>E-MAIL ADDRESS:</b> Amara.Spizzirri@bbrown.com <b>FAX (A/C No):</b>
<b>INSURED</b> Hometown America, LLC; Hometown America Management L.L.C. *See Below 110 N. Wacker Drive, Suite 4500 Chicago IL 60606	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Indemnity Company <b>INSURER B:</b> Federal Insurance Company <b>INSURER C:</b> Travelers Property Casualty Co of AM <b>INSURER D:</b> Accelerant Specialty Insurance Company <b>INSURER E:</b> Starstone Specialty Insurance Company <b>INSURER F:</b>
	<b>NAIC #</b> 25658 20281 25674 16890 44776

**COVERAGES****CERTIFICATE NUMBER:** 1064709933**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
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Ded \$25,000	Y	S0016GL000076-03	12/31/2024	12/31/2025	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 Loc - Gen; Agg max \$ 10,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		8102W836558	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	9365-2095 SEE BELOW	12/31/2024 12/31/2024	12/31/2025 12/31/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ GL & AL \$ See Limits below
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	UB-8R323704-25-14-G UB-3L219444-25-14-G	1/1/2025 1/1/2025	1/1/2026 1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input checked="" type="checkbox"/> <b>XS AL &amp; EL</b>	Y	EX-2W984487	12/31/2024	12/31/2025	XS AL & EL 10,000,000

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

\*Subject to Policy Terms, Limits, Conditions, and Exclusions.

Certificate Holder is Named Additional Insured as to their interest. Terrorism Coverage is included on General Liability and Umbrella. Umbrella policy follows form of the underlying General Liability policies.

Terrorism Deductible: \$25,000

30 Day Notice of Cancellation and 10 Day Notice of Cancellation for Non-Payment of Premiums to the lender.

UMBRELLA/EXCESS: Total Umbrella/Excess Coverage including the Excess Federal Insurance is: \$20M.

Umbrella - XS AL &amp; EL Policy #EX-2W984487- is Lead-Primary \$10M Umbrella over Commercial Auto Policy #8102W836558 eff. 12/31/2024 to 12/31/2025 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**DNREC-SHWMS  
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

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Brown & Brown Insurance Services, Inc		NAMED INSURED Hometown America, LLC; Hometown America Management L.L.C. *See Below 110 N. Wacker Drive, Suite 4500 Chicago IL 60606
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

and Workers' Compensation Policy #UB-8R323704-25-14-G and UB3L219444-25-14-G. - eff 1/01/2025 to 1/01/2026

Excess General Liability \$10,000,000 as follows:

Primary \$2,000,000 - StarStone Specialty - Eff 12/31/2024 - 12/31/2025 - Policy # CSX00068231P-02

Excess - \$3,000,000 X \$2,000,000 - Axis Surplus Ins. - Eff 12/31/2024 - 12/31/2025 - Policy # P-001-001316229-02

Excess - \$5,000,000 x \$5,000,000 - Endurance American Specialty - Eff 12/31/2024 - 12/31/2025 - Policy # ELD300002675404

Excess Liability Policy - Chubb - Federal Ins.-Policy #9365-2095 is \$10X of \$10M Excess Umbrella over ALL underlying Excess and Umbrella for General Liability, Automobile Liability, &amp; Employers Liability. Eff 12/31/2024 to 12/31/2025

RE: Angola Beach and Estates - 22971 Suburban Blvd Lewis, DE 19958

Named Insured: Hometown Angola Beach, LLC; Angola Beach &amp; Estates