

# RECEIPT

DATE

10/6/25

No.

743668

RECEIVED FROM

Greene's Trucking

\$

650.00

Six hundred fifty and  $\frac{00}{100}$ 

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1743

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

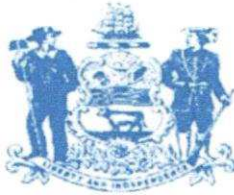
FROM

22248

TO

BY

M.M.



RECEIVED

OCT 06 2025

ONREC - WHS

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference:

**Instructions:** You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

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

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1743 Expiration Date 12-31-25

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 Greene's Trucking Inc.

| Location Address:               | Mailing Address:                |
|---------------------------------|---------------------------------|
| <u>1425 Wakefield Valley Rd</u> | <u>1425 Wakefield Valley Rd</u> |
| <u>New Windsor, MD 21776</u>    | <u>New Windsor, MD 21776</u>    |
|                                 |                                 |

Contact: DAVIDE GREENE SR. Title: Owner

Business Phone: 410-984-4862 Fax: 410-635-6458

E-mail: 

24 hr Emergency Contact Phone: 410-984-4862

**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: Hampstead State: MD Date: 6-30-2000  
☐ 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# 380046 MC# 660015

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

### 10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

|   | FOR-HIRE<br>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 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<br>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"/><br>(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 yes

#### 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 SMALL OWNER  
DAVID E GREENE SR. 36 YRS EXPERIENCE  
NATHAN TALBERT 8 YRS. EXPERIENCE  
ERIC HALL 19 YRS. EXPERIENCE



### 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 pg 5 of 6

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.

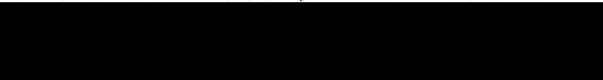
\*\*Signature David E Greene Sr. Date 9-27-25  
Print Name DAVID E GREENE SR. Title OWNER

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

# 4B

Owner:

David E Greene Sr - Owner  
1425 Wakefield Valley Road  
New Windsor, MD 21776



100% Owner



## **Attachment 2- Question 8(b)**

### ***Delaware Solid Waste Authority Locations***

Delaware Solid Waste Authority- Jones Crossroads Landfill  
Address: 28560 Landfill Ln, Georgetown, DE 19947  
Phone: (302) 875-1487

Delaware Solid Waste Authority- Sandtown Landfill  
Address: 1107 Willow Grove Rd, Felton, DE 19943  
Phone: (302) 284-8851

### ***Other In-state solid waste facilities***

Bioenergy Devco  
Address: 28338 Enviro Way, Seaford, Delaware  
Phone: (302) 628-2360

### ***Out of state solid waste facilities***

Republic Services Modern Landfill  
Address: 4400 Mt Pisgah Rd, York, PA 17406  
Phone: (717) 246-2686

Republic Services Conestoga Landfill  
Address: 420 Quarry Road, Morgantown, PA 19543  
Phone: (610) 286-6844

A & M Compost  
Address: 2022 Mountain Rd. Manheim, PA 17545  
Phone: 717.664.2073

Pioneer Crossing Landfill  
Address: 727 Redlane Rd, Birdsboro, PA 19508  
Phone: (610) 582-2900

Waste Management - Mountain View Reclamation Landfill  
Address: 9446 Letzburg Rd, Greencastle, PA 17225  
Phone: (866) 909-4458

Mid- Atlantic Organic Resource Company  
Address: 14130 Clarks Ln, Ridgely, MD 21660

We care  
PO Box 429.  
800 co-co lane  
Columbus, NJ 08022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/11/2025

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><br>Bay Shore Insurance Inc<br>PO Box 2534<br>Salisbury MD 21802-            | <b>CONTACT NAME:</b> Bay Shore Insurance Inc.                                  |               |
|   | <b>PHONE (A/C, No, Ext):</b> (410)546-1640 <b>FAX (A/C, No):</b> (410)860-2587 |               |
|   | <b>E-MAIL ADDRESS:</b> processing@bayshore-ins.com                             |               |
| <b>INSURED</b><br>Greenes Trucking Inc<br>1425 Wakefield Valley Rd<br>New Windsor MD 21776- | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|   | <b>INSURER A:</b> Great West Casualty Company                                  | 11371         |
|   | <b>INSURER B:</b> Westchester Surplus Lines Insurance Co.                      | 10172         |
|   | <b>INSURER C:</b>  |               |
|   | <b>INSURER D:</b>  |               |
|   | <b>INSURER E:</b>  |               |
|   | <b>INSURER F:</b>  |               |

**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.

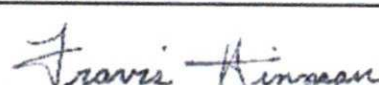
| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY)          | POLICY EXP (MM/DD/YYYY) | LIMITS     |  |
|----------|--|--------------------|---------------|----------------------------------|-------------------------|------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                  | X             | GRT03098C                        | 06/11/2025              | 06/11/2026 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                      | Y                  | X             | GRT03098C                        | 06/11/2025              | 06/11/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                    |               | G4861971A001<br>Excess Pollution | 06/11/2025              | 06/11/2026 | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$<br>Deductible \$ 2,500  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | N/A           |                                  |                         |            | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Trailer Interchange - Comprehensive  |                    |               | GRT03098C                        | 06/11/2025              | 06/11/2026 | \$2,500 Deductible \$60,000  |
| A        | & Collision Coverage<br>Motor Truck Cargo  |                    |               | GRT03098C                        | 06/11/2025              | 06/11/2026 | \$2,500 Deductible \$100,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
2010 INTERNATIONAL #2HSCXAPR4AC135499  
2015 INTERNATIONAL #3HSDJSNR6FN680334

The Waiver of Subrogation, Additional Insured, and Primary & Non-Contributory applies to General Liability Policy.  
The Waiver of Subrogation, Additional Insured, and Primary & Non-Contributory applies to Automobile Liability Policy.

**CERTIFICATE HOLDER****CANCELLATION**

AI 005322

|  |   |
|--|---|
| Denali Water Solutions LLC<br>c/o my COI<br>1075 Broad Ripple Ave<br>Suite 313<br>Indianapolis IN 46220- | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>   |

## 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). Trailers are tarped & Secured
  - 2). Trailers are checked for leaks
- (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: DAVID E GREENE SR. Phone: 410-984-4862
- (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.



<sup>r</sup>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]

**Davis, DaQuan (DNREC)**

---

**From:** KATHY GREENE <kathyvg2001@yahoo.com>  
**Sent:** Wednesday, October 8, 2025 9:01 AM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application  
**Attachments:** A25-clt5836-seq1 (2).pdf

Good morning, attached you will find the requested certificate of liability insurance.

Sorry for missing this in the package.

Cathi

Greene's Trucking Inc  
1425 Wakefield Valley Road  
New Windsor, MD 21776  
office (410)775-7940

On Tuesday, October 7, 2025 at 02:45:57 PM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Hello Mr. Green,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or requires updating. Please address the items listed below:

- **Section 10-** Provide an updated Certificate of 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.

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)







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/08/2025

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|                 |   |  |
|-----------------|---|--|
| <b>PRODUCER</b> | Bay Shore Insurance Inc<br>PO Box 2534<br>Salisbury MD 21802-             | <b>CONTACT NAME:</b> Bay Shore Insurance Inc.<br><b>PHONE (A/C, No, Ext):</b> (410)546-1640<br><b>E-MAIL ADDRESS:</b> processing@bayshore-ins.com<br><b>FAX (A/C, No):</b> (410)860-2587       |
| <b>INSURED</b>  | Greenes Trucking Inc<br>1425 Wakefield Valley Rd<br>New Windsor MD 21776- | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Great West Casualty Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|                 |   | <b>NAIC #</b> 11371  |

**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.

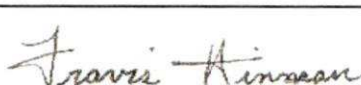
| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  | GRT03098C     | 06/11/2025              | 06/11/2026              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |  | GRT03098C     | 06/11/2025              | 06/11/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$   | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <input type="checkbox"/> Y/N<br>N/A                                    |               |                         |                         | PER STATUTE OTH-ER<br>E L EACH ACCIDENT \$<br>E L DISEASE - EA EMPLOYEE \$<br>E L DISEASE - POLICY LIMIT \$  |
| A        | Motor Truck Cargo   |  | GRT03098C     | 06/11/2025              | 06/11/2026              | \$2,500 Deductible \$100,000   |
| A        | Non-Owned Trailer - Comp/Collision  |  | GRT03098C     | 06/11/2025              | 06/11/2026              | \$2,500 Deductible \$60,000  |

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

2010 INTERNATIONAL #2HSCXAPR4AC135499  
2015 INTERNATIONAL #3HSDJSNR6FN680334  
2025 INTERNATIONAL #3HSPAAPR6SN853817  
2025 KENWORTH #1XKZD49X3RJ378215

**CERTIFICATE HOLDER****CANCELLATION**

AI 003322

|   |  |
|---|--|
| Delaware Department of Natural Resources<br>and Environmental Control<br>Compliance and Permitting Section<br>89 Kings Highway<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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