

RECEIPT

DATE

10/06/25

No.

743669

RECEIVED FROM

Supreme Metals, Inc.

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

New DE-SW-2160

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

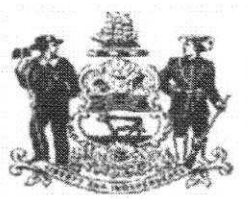
FROM

2628

TO

BY

M.M.



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-_____ Expiration Date _____

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 Supreme Metals Inc.

Location Address:	Mailing Address:
801 Mitchell Ave	801 Mitchell Ave
Bensalem, PA 19020	Bensalem, PA 19020

Contact: Tyler Dunn Title: Owner/President

Business Phone: 215-882-1915 Fax: _____

E-mail: service@sdswwaste.com

24 hr Emergency Contact Phone: 215-882-1915

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: Bensalem State: PA Date: 04-15-2014

- ☐ 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# 2530049 MC# 1077494

- ☐ 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 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 checked="" 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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment _____

12. Driver Training

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

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2
☐ Form 1099-Misc
☐ Other


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 09-26-25
Print Name Tyler Dunn Title Owner/President

****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: *Tyler Dunn*

Phone: *215-882-1915*

(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.



SUPRMET-01

JVETTERLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2025

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 License # 60236 HUB International Three Rivers 2730 Sidney Street, Suite 330 Pittsburgh, PA 15203	CONTACT NAME: Jackie Vetterly
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS: jackie.vetterly@hubinternational.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Great West Casualty Company 11371
	INSURER B : Insurance Company of the West 27847
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED

Supreme Metals Inc.
801 Mitchell Ave
Bensalem, PA 19020-7038

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 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MCP89653D	9/24/2025	9/24/2026	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 \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MCP89653D	9/24/2025	9/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WPH 5067667 03	9/24/2025	9/24/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Truckers Auto Liabil			MCP89653D	9/24/2025	9/24/2026	Comp Ded 2,500
A	Truckers Auto Liabil			MCP89653D	9/24/2025	9/24/2026	Collision Ded 2,500

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

CERTIFICATE HOLDER

CANCELLATION

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR
PUBLIC LIABILITY UNDER SECTIONS 29 AND 30
OF THE MOTOR CARRIER ACT OF 1980**

This endorsement supersedes all previously issued versions of this endorsement issued under the policy number shown above.

This endorsement modifies insurance provided under the following:

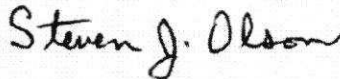
COMMERCIAL AUTO COVERAGE PART

Issued to (Motor Carrier Name) and Address:

SUPREME METALS INC
DBA SUPREME METALS RECYCLING
801 MITCHELL AVE
BENSALEM PA 19020-7038

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

Dated at South Sioux City, Nebraska on September 19, 2025	Endorsement Effective September 24, 2025	Number
GREAT WEST CASUALTY COMPANY	Countersigned by 	

(Authorized Company Representative)
THE HDH GROUP INC

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each "accident".
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of _____ for each "accident" in excess of the underlying limit of _____ for each "accident".

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 402-494-2411.

Cancellation of this endorsement may be effected by the company or the "insured" by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the "insured" is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

"ACCIDENT" includes continuous or repeated exposure to conditions or which results in "bodily injury", "property damage", or environmental damage which the "insured" neither expected nor intended.

"MOTOR VEHICLE" means a land vehicle, machine, truck, tractor, "trailer", or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

"BODILY INJURY" means injury to the body, sickness or disease to any person, including death resulting from any of these.

"ENVIRONMENTAL RESTORATION" means restitution for the "loss", damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

"PROPERTY DAMAGE" means damage to or loss of use of tangible property.

"PUBLIC LIABILITY" means liability for "bodily injury", "property damage", and "environmental restoration".

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the "insured", within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the "insured" for "public liability" resulting from negligence in the operation, maintenance or use of "motor vehicles" subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each "motor vehicle" is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the "insured" or elsewhere. Such insurance as is afforded, for "public liability", does not apply to injury to or death of the "insured's" "employees" while engaged in the course of their employment, or property transported by the "insured", designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or

any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the "insured". However, all terms, conditions and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the "insured" and the company. The "insured" agrees to reimburse the company for any payment made by the company on account of any "accident", claim, or "suit" involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the "insured" as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each "accident" and any payment under the policy because of any one "accident" shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other "accident".

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	January 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds.)	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$ 5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity, or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$ 1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$ 5,000,000

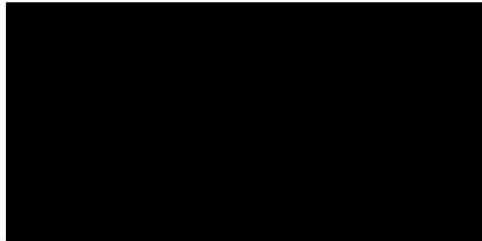
*The Schedule of Limits shown does not provide coverage. The limits shown in the Schedule are for information purposes only.

Filings must be transmitted online via the internet at <http://www.fmcsa.dot.gov/urs>.

Supreme Metals Inc.
801 Mitchell Ave Bensalem, PA 19020

Company Ownership:

Tyler J. Dunn
Owner/President
100% Ownership



Supreme Metals Inc
801 Mitchell Ave Bensalem, PA 19020
215-882-1915

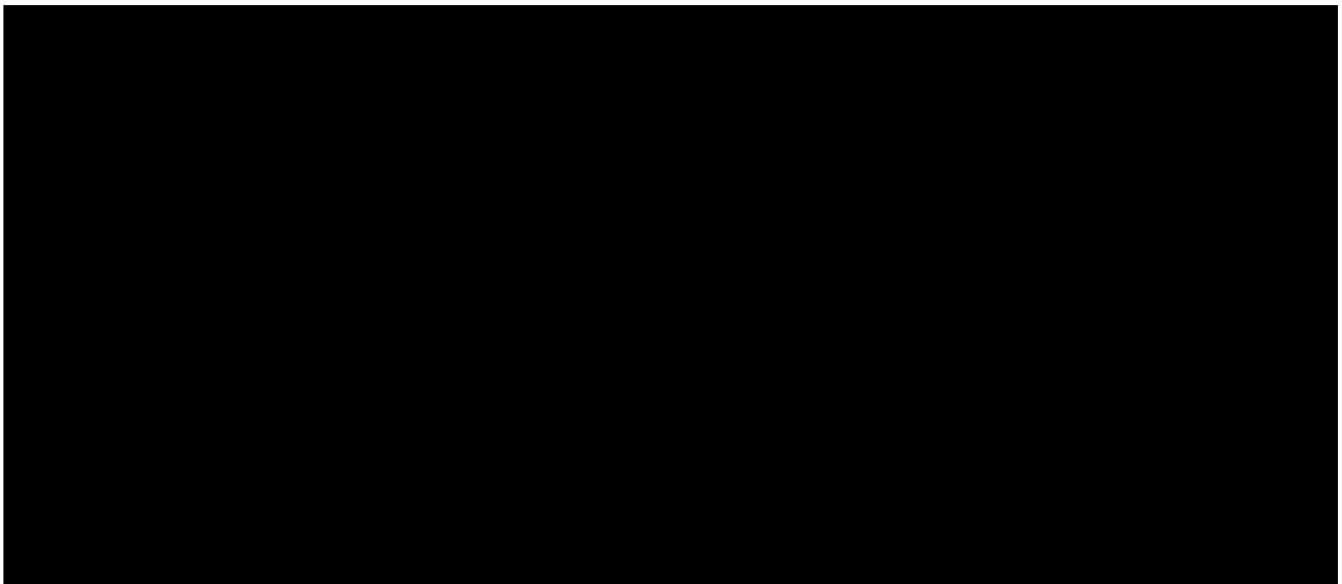
In-state solid waste facilities that we use:

Republic Services
1101 Lambson Ln
New Castle, DE 19720

Supreme Metals Inc
801 Mitchell Ave Bensalem, PA 19020
215-882-1915

Driver Training:

As a small owner, two drivers on payroll, the following years of experience will replace a formal driver training program:



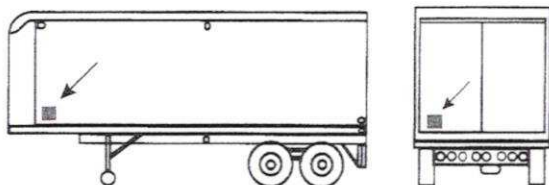
Supreme Metals Inc
801 Mitchell Ave Bensalem, PA 19020

Driver List:

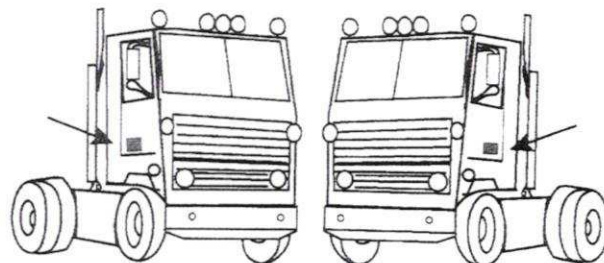


Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.

Waste Trailers



Trucks and Truck Tractors



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

535



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8694260251

Phone No. (215)-882-1915

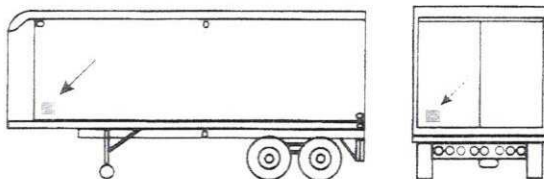
VIN# 1NKZX4EX6MJ465025
WH18694
Expires Jun 2026

SUPREME METALS, INC.
TYLER DUNN
801 MITCHELL AVE
BENSALEM, PA 19020-7038

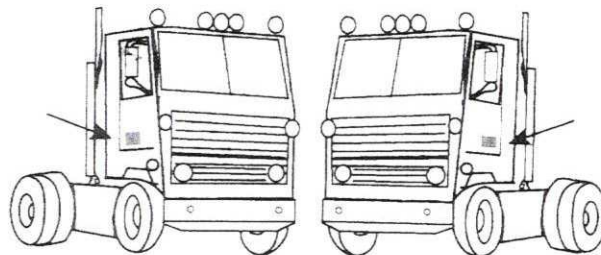
THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258.
A replacement fee is required.
Duplication or Photocopies of this original documentation
are not valid.

Waste Trailers

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.



Trucks and Truck Tractors



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

532



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

8694266202

Phone No. (215)-882-1915

VIN# 1M1PN4GY3NM009620
WH18694
Expires Jun 2026

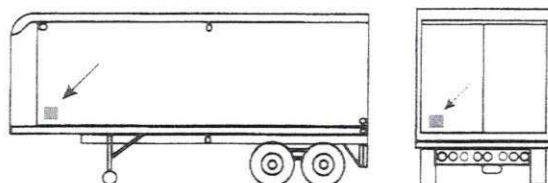
SUPREME METALS, INC.
TYLER DUNN
801 MITCHELL AVE
BENSALEM, PA 19020-7038

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.

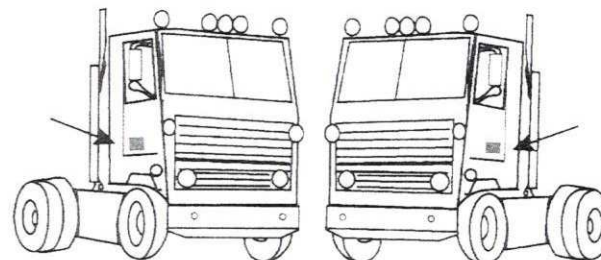
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

Waste Trailers

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.



Trucks and Truck Tractors



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

534



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

8694260231

Phone No. (215)-882-1915

VIN# 3BKDX4TX6LF418023
WH18694
Expires Jun 2026

SUPREME METALS, INC.
TYLER DUNN
801 MITCHELL AVE
BENSALEM, PA 19020-7038

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.

Davis, DaQuan (DNREC)

From: Tyler Dunn <service@sdswwaste.com>
Sent: Thursday, October 9, 2025 3:02 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: Screenshot 2025-10-08 at 9.05.16 AM.png; Certificate 2025-2026 - Department of Natural Resources and Environmental Control.pdf; IMG_4847.jpg

Good afternoon,

Please see below and attached.

Section 9b - Yes, PA waste permit. The number is WH18694
Section 9c - MCS-150 biennial update was completed
Section 10 - interstate
Section 10 - see attached COI
Section 11 - see attached

Tyler Dunn

Supreme Metals Recycling
801 Mitchell Ave
Bensalem PA 19020

215-882-1915 Office

On Tue, Oct 7, 2025 at 3:39 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello Mr. Dunn,

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 9(b)-** Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 9(c) -** The DOT number is invalid because the Carrier Vehicle Miles Traveled (VMT) information is outdated. Please refer to the instructions in the first attachment for updating.
- **Section 10-** Are you intrastate or interstate?
- **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.

- **Section 11-** The spill control plan is missing a pre-trip inspection. Please update this plan and include pre-trip inspections.

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

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





Confirmation Screen

30049	Company Type:	CARRIER	Status:
SUPREME METALS INC / SUPREME METALS RECYCLING			
11 MITCHELL AVE, BENSALEM, PA 19020			

Your Update to MCMIS has been received

Generate MCS-150 

In order to view PDF files, you will need the Adobe® Acrobat® Reader™, a plug-in available from Adobe Systems, Inc.
You may obtain this free plug-in at: <http://www.adobe.com/products/acrobat/readstep2.html>



[Registration Home](#) | [FMCSA Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#) | [Safer](#)

Federal Motor Carrier Safety Administration

1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - [Field Office Contacts](#)



SUPRMET-01

JVETTERLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2025

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 License # 60236 HUB International Three Rivers 2730 Sidney Street, Suite 330 Pittsburgh, PA 15203	CONTACT NAME: Jackie Vetterly PHONE (A/C, No, Ext): E-MAIL ADDRESS: jackie.vetterly@hubinternational.com FAX (A/C, No):
INSURED Supreme Metals Inc. 801 Mitchell Ave Bensalem, PA 19020-7038	INSURER(S) AFFORDING COVERAGE INSURER A : Great West Casualty Company INSURER B : Insurance Company of the West INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 11371 27847

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 INSD	SUBR WYD	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			MCP89653D	9/24/2025	9/24/2026	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 - COM/OP AGG \$ \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MCP89653D	9/24/2025	9/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WPH 5067667 03	9/24/2025	9/24/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Truckers Auto Liabil			MCP89653D	9/24/2025	9/24/2026	Comp Ded 2,500
A	Truckers Auto Liabil			MCP89653D	9/24/2025	9/24/2026	Collision Ded 2,500

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

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources and Environmental Control
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

1=DAILY DRIVER INSPECTION REPORT Pre-Trip & Post-Trip

DATE: _____ TRUCK #: _____ DRIVER: _____

PRE-TRIP			NOTES	POST-TRIP	CHECK
Steer Tires Inflated 105-130 Psi	P	F		Walk around truck?	
Drive/Lift Tires Inflated 105-110 Psi	P	F		Tires properly inflated?	
Headlights & High Beams Function	P	F		Tire Damage?	
Tail Lights & Brake Lights Function	P	F		Tread Separation?	
Turn Signals & 4 Ways Function	P	F		See any nails?	
Reverse Lights & Beeper Function	P	F		Sidewall Slash?	
Mirrors Secure & Adjusted	P	F		Mechanical Problems?	
City & Air Horn Function	P	F		Brakes Functioning?	
Air Pressure Builds To 120 Psi	P	F		DRAIN AIR TANKS?	
Parking Brake Tug Test	P	F		TARPS for next work day?	
No Audible Air Leaks	P	F		BUNGEEES for next work day?	
Wipers & Washers Function	P	F		REPORT IMMEDIATELY:	
Fire Extinguisher/Triangles/Fuses	P	F		Mechanical Problems	
Seat Belt Function	P	F		Damage to Truck/ Take Pics	
Valid Cab Card/Insurance/Inspection	P	F		Damage caused to personal property / Take Pics	
Tarp/Bungees/Hard Hat/ Vest/Chain	P	F		Accident - Exact Time / Location / Witnesses / Details?	
Lantern Fly Inspection - any found? Note: Inspection required before moving truck/dumpsters all day	YES / NO		If yes, how many killed? _____		
Fuel / DEF - Trucks 16 & 18	RECEIPT			DEF Full? (Trucks 16 & 18)	

If something doesn't look right - call Tyler or Dan - anytime day or night!

ADDITIONAL NOTES:

Supreme Metals Recycling

DAILY DRIVER INSPECTION REPORT Pre-Trip & Post-Trip

DATE: _____ TRUCK #: _____ DRIVER: _____

PRE-TRIP	P	F	NOTES	POST-TRIP	CHECK
Steer Tires Inflated 105-130 Psi	P	F		Walk around truck?	
Drive/Lift Tires Inflated 105-110 Psi	P	F		Tires properly inflated?	
Headlights & High Beams Function	P	F		Tire Damage?	
Tail Lights & Brake Lights Function	P	F		Tread Separation?	
Turn Signals & 4 Ways Function	P	F		See any nails?	
Reverse Lights & Beeper Function	P	F		Sidewall Slash?	
Mirrors Secure & Adjusted	P	F		Mechanical Problems?	
City & Air Horn Function	P	F		Brakes Functioning?	
Air Pressure Builds To 120 Psi	P	F		DRAIN AIR TANKS?	
Parking Brake Tug Test	P	F		TARPS for next work day?	
No Audible Air Leaks	P	F		BUNGEEES for next work day?	
Wipers & Washers Function	P	F		REPORT IMMEDIATELY:	
Fire Extinguisher/Triangles/Fuses	P	F		Mechanical Problems	
Seat Belt Function	P	F		Damage to Truck/ Take Pics	
Valid Cab Card/Insurance/Inspection	P	F		Damage caused to personal property / Take Pics	
Tarp/Bungees/Hard Hat/ Vest/Chain	P	F		Accident - Exact Time / Location / Witnesses / Details?	
Lantern Fly Inspection - any found? Note: Inspection required before moving truck/dumpsters all day	YES / NO		If yes, how many killed? _____		
Fuel / DEF - Trucks 16 & 18	RECEIPT			DEF Full? (Trucks 16 & 18)	

If something doesn't look right - call Tyler or Dan - anytime day or night!

ADDITIONAL NOTES:

Davis, DaQuan (DNREC)

From: Tyler Dunn <service@sdswwaste.com>
Sent: Wednesday, October 8, 2025 2:04 PM
To: WHStranporters
Subject: Attention DaQuan Davis

Supremo

DAILY DRIVER INSPECTION RE

DATE: _____

TRUCK # _____

PRE-TRIP

Steer Tires Inflated 105-130 Psi	P	F	
Drive/Lift Tires Inflated 105-110 Psi	P	F	
Headlights & High Beams Function	P	F	
Tail Lights & Brake Lights Function	P	F	
Turn Signals & 4 Ways Function	P	F	
Reverse Lights & Beeper Function	P	F	
Mirrors Secure & Adjusted	P	F	
City & Air Horn Function	P	F	
Air Pressure Builds To 120 Psi	P	F	

Sent from my iPhone