

RECEIPT

DATE

10/23/25

No.

743681

RECEIVED FROM

Herman's Trucking

\$

350.00

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

DOLLARS

☐ FOR RENT☐ FOR

DE-SW-1933

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

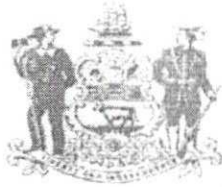
FROM

3965

TO

BY

M.M.



RECEIVED

OCT 20 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- 1933 Expiration Date September 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 Herman's Trucking, Inc.

Location Address:	Mailing Address:
181 Jacobstown-Cookstown Road	181 Jacobstown-Cookstown Road
Wrightstown, NJ 08562	Wrightstown, NJ 08562

Contact: Troy Parker Title: Director of Transportation

Business Phone: 609 758 3808 Fax: None

E-mail: troy.parker@hermanstrucking.com

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: Allentown State: New Jersey Date: 09/20/1979

- ☐ 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 A

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

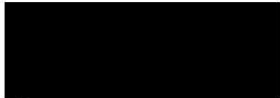
- ☐ Attachment _____
☒ No parent company

Schedule A

Herman's Trucking, Inc.

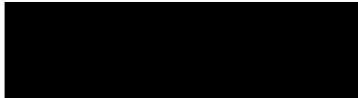
Corporate Ownership

Herman Stelljes
President



Percentage of Ownership 63%

Bruce Stelljes
Member



Percentage of Ownership 17%

Marilyn Stelljes
Vice President



Percentage of Ownership 17%

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 B
- ☐ 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 C
- ☐ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 354713 MC# 292150

- ☐ 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

Schedule B

Herman's Trucking, Inc.

Solid Waste Hauler Permit A-901



New Jersey Department of Environmental Protection

A-901 License



This is to advise you that the investigative report from the Attorney General required under N.J.S.A. 13:1E-126 et seq. has been received by the Department of Environmental Protection (Department or NJDEP). Based upon the review of the investigative report, the Department is hereby issuing this A-901 License to:

HERMAN'S TRUCKING, INC.

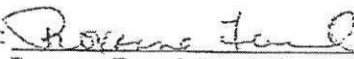
Please be advised that this license hereby issued is a "conditional" license and is modified by the terms and conditions as specified on the attached document as they have been put forth by the Office of the Attorney General (OAG) and the Department. Failure to meet the specified conditions constitutes grounds for the revocation of this license.

This A-901 approval does not authorize the operation of any business entity or confer the authority to commercially engage in the solid waste, hazardous waste, or soil and fill recycling industry in New Jersey without all necessary permit and/or approvals in place.

This license is only issued to Herman's Trucking, Inc. (Licensee) for its exclusive use and control. You are required to notify the Department and the OAG, within 30 days of any changes regarding this company or its operations. In addition, this license must be renewed annually, by submitting the A-901 Annual Update (found at: <https://www.nj.gov/dep/dshw/a901/a901frms.htm>) to the OAG on or before November 1st of each calendar year.

Date Issued: May 17, 2022

Signature:


Roxanne Feasel, Permit Coordination Officer
NJDEP, Planning and Licensing, A-901 Unit

005730 - PI 464795

FEIN: 22-2275680

CONDITIONS OF A-901 LICENSE FOR HERMAN'S TRUCKING, INC. (Page 2-of-2)

Solid Waste Transporter and Brokers – The Licensee is required to obtain a Certificate of Public Convenience and Necessity (CPCN) prior to commencing solid waste business operations. Questions regarding the CPCN should be directed to (609) 984-4250 or swutility@dep.nj.gov.

Waste Transporter – The Licensee is required to register and obtain decals for all transportation equipment with NJDEP's Vehicle Registration Unit prior to commencing operations. Questions regarding registration should be directed to (609) 292-7081 or lru@dep.nj.gov.

Lessor Disclosure Requirement - Licensee shall provide disclosure statements from lessors when required by N.J.A.C. 7:26-16.6(i), (j) and (k).

Brokers Must Only Engage the Services of A-901 Licensed Transporters - The Licensee must only engage the solid or hazardous transportation services of A-901 licensed entities. All transporters must comply with state and federal transportation requirements, and have current decals affixed to their equipment. A transporter's licensure status can be verified by using the DataMiner link found at: [https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Vehicle+Registration+\(2009+Forward\)](https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Vehicle+Registration+(2009+Forward))

Transporters Must Only Accept Work from a Licensed Broker - The Licensee must ensure that a broker is licensed before accepting a waste transportation or soil and fill recycling project from that broker. A broker's licensure status can be verified by using the DataMiner link found at: [https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Vehicle+Registration+\(2009+Forward\)](https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Vehicle+Registration+(2009+Forward))

Engaging in Hazardous Waste Transportation - Hazardous Waste is specifically identified and regulated by the United States Environmental Protection Agency (USEPA) by 40 CFR, Part 262 and incorporated by reference into the regulations of NJDEP. Therefore, the Licensee must comply with all governing state and federal laws applicable to hazardous waste transportation in New Jersey prior to the transportation of hazardous waste and provide proof to the Department at the time of filing your registration statement with NJDEP's Vehicle Registration Unit (609-292-7081) to obtain decals. Specifically, but not limited to: 1. Obtain a USEPA Transporter Registration Number; 2. Proof of compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental restoration set out at 49 C.F.R. Part 387 in a form approved by the Department; MCS-90; 3. Proof of Hazmat Training conforming to 49 CFR 172.700 to 172.704; 4. Proper registration with the U.S. Department of Transportation (USDOT) for any applicable transportation activities; 5. Proof of current registration with the Pipeline Hazardous Material Safety Administration to transport hazardous material; 6. If applicable, satisfactory completion of NJ State Police - New Entrant Program, or are in good standing with NJ State Police Motor Vehicle Enforcement. Failure to comply with these conditions may result in formal enforcement actions or denial of NJDEP Transporter Registration Statement and decals. The licensee is also required to maintain good standing with the New Jersey Division of Taxation. Failure to comply with these requirements shall constitute grounds for immediate revocation of this A-901 license.

Compliance with FMCSA and USDOT Requirements – This approval authorizes Licensee to transport waste within the State of New Jersey only. Licensee must register with the Federal Motor Carrier Safety Administration (FMCSA) and obtain a United States Department of Transportation (USDOT) number before using commercial vehicles weighing more than 10,001 pounds, in accordance with federal motor carrier regulations (49 C.F.R. 390.1 et seq.) and state motor carrier regulations (N.J.A.C. 13:60-1.1 et seq.). Licensee is responsible for reporting information consistently to USDOT and NJDEP; any material discrepancy may result in revocation of license.

Schedule C

Herman's Trucking, Inc.

PA Solid Waste Haulers



June 6, 2022

MARILYN STELLJES
HERMANS TRUCKING INC
181 JACOBSTOWN COOKSTOWN RD
WRIGHTSTOWN NJ 08562-1602

Re: Web Based Act 90 Authorization Submission, WH22374

Dear Waste Hauler:

Waste Haulers have the ability to submit New, Renewal and Addendum Authorization forms for the Act 90 Waste Transportation Safety Program by accessing the Internet through <https://greenport.pa.gov>. The web-based application enables haulers to start, save, submit and electronically pay for Act 90 Authorizations, as well as maintain a history of submitted information.

In order to access the web-based application, you will need to:

1. REGISTER: Log on to DEP's Greenport at <https://greenport.pa.gov> to register for a user name and password. A username and password combination is unique to each individual utilizing the web-based application and is not to be shared or provided to others.
2. Once registered log back on to DEP's Greenport and click the 'Request Access' button.
3. Click on 'Enroll' on the Waste Transportation Safety Program to add the application to your portal information page.
4. Click on the WTSP link to begin working with the web-based application.
5. Enclosed is a PIN. PIN's are associated to a specific hauler so that you can access saved and historic information. The unique hauler PIN can be provided to those associated to the hauler that will be submitting web-based authorizations using their own unique username and password.

Please keep your username, password and PIN in a safe place. If you forget or lose your PIN, a new PIN will need to be generated and mailed to you. The Help Desk number is 717.787.4357. The assigned name associated with your Waste Hauler identification number (WH22374) is "HERMANS TRUCKING INC". It is very important that you use only this name on any correspondence with the Waste Transportation Safety Program. The use of any other name will cause a delay in processing.

PIN: 0572

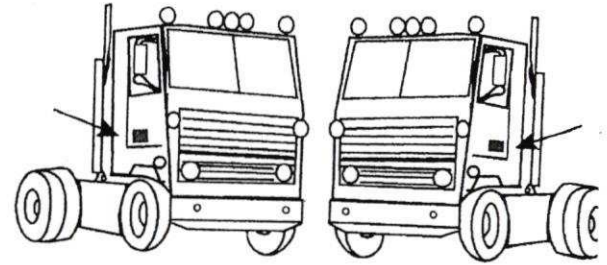
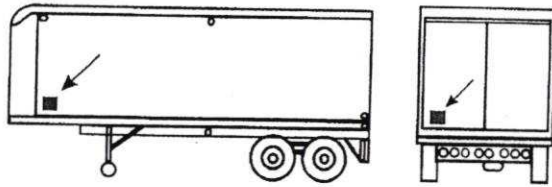
Please be advised that DEP and the Pennsylvania State Police conduct inspections of Waste Transportation vehicles. Violations discovered during these inspections could result in penalties and/or suspensions of Waste Hauler authorizations.

Sincerely,

A handwritten signature in cursive script that reads "Christine M. Hall".

Christine M. Hall
Environmental Group Manager
Waste Transportation Safety Program

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



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

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COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

2374264781

Phone No. (609)-758-3808

VIN# 1M2GR3GC2PM031478
WH22374
Expires Jun 2026

HERMAN'S TRUCKING, INC.
MARILYN STELLJES
181 JACOBSTOWN COOKSTOWN RD
WRIGHTSTOWN, NJ 08562-1602



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

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

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



APPLICATION INSTRUCTIONS

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



Schedule D

Herman's Trucking, Inc.

Insurance Certificate / MSC 90

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/02/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff, a MMA LLC Company 150 S. Warner Road, Suite 460 King Of Prussia, PA 19406	CONTACT NAME: Danielle Gualtieri
	PHONE (A/C, No, Ext): - FAX (A/C, No): -
	E-MAIL ADDRESS: Danielle.Gualtieri@mcgriff.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Zurich American Insurance Company NAIC # 16535
	INSURER B : Bridgeway Insurance Company 12489
	INSURER C : Indemnity National Insurance Co 18468
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
Herman's Trucking, Inc.
181 Jacobstown Cookstown Rd
Wrightstown, NJ 08562

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		449530201	10/01/2025	10/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		449530301	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0		8EA7XL000261900	10/01/2025	10/01/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	449530101	10/01/2025	10/01/2026	<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	\$3M x \$2M Excess		XS0002138	10/01/2025	10/01/2026	\$3,000,000 Each Occ

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

** Supplemental Name **

First Supplemental Name applies to all policies - Herman's Trucking, Inc.

Policy# 449530201 - : Wrightstown Properties Urban Renewal, LLC

Policy# 449530201 - : Brumar Real Estate, LLC

Policy# 449530201 - : Hermans Trucking, Inc.

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

State of Delaware
Department of Natural Resources &
Environmental Control, Compliance & Permitting
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

Amber E. Curran

© 1988-2015 ACORD CORPORATION. All rights reserved.

USDOT Number: 354713

Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to Hermans Trucking, Inc. of New Jersey
(Motor Carrier name) (Motor Carrier state or province)

Dated at Schaumburg, IL on this 01 day of October, 2025.

Amending Policy Number: BAP 4495303 - 01 Effective Date: 10/01/2025

Name of Insurance Company: Zurich American Insurance Company

Countersigned by: _____

(authorized company representative)

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 \$ 750,000 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: 1 (800) 382-2150.

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, DC).

Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(continued on next page)

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 <u>49 CFR 171.8</u> transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 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 <u>49 CFR 173.403</u> .	\$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 <u>49 CFR 172.101</u> : hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , 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 I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

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

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.

Property Damage means damage to or loss of use of tangible property.

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.

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 anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input 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.

- 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 F

Schedule E
Herman's Trucking, Inc.
Spill Control Plan

Spill Control Plan for Solid Waste Haulers

- (1) Spill control and safety equipment carried in each vehicle:
 - a. Reflectors and/or flares
 - b. Fire extinguishers
 - c. First aid kit
 - d. Heavy-duty gloves, hard hat
 - e. Flashlight
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - a. Driver Vehicle Inspection in accordance with FMCSA (sample attached)
- (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: Troy Parker Phone: [REDACTED]
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the spill has the potential to cause environment 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
- (6) The designated coordinator will contract for clean-up services with another company.
- (7) This plan will be carried in all vehicles along with the permits.

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE DOT FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Carrier: _____ Date: _____
 Address: _____ Time: _____ A.M. _____ P.M.
Check any defective condition(s) in the "Remarks" column. Mark any other deficiencies on back of pgs. 1.

TRACTOR/ TRUCK NO.

ODOMETER READING

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Muffler | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fluid Levels | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Belts and Hoses | <input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Radiator | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Body | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Rear End | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Horn | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Trip Recorder |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Lights | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Head/Stop | <input type="checkbox"/> Flare/Flares/Fuses | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Tail/Dash | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Spare Bulbs and Fuses | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Clearance Marker | <input type="checkbox"/> Spare Seal Beam | |
| <input type="checkbox"/> Engine | | | |

TRAILER(S) NO.(S) #1

#2

- | | | |
|--|---|--|
| #1 #2 | #1 #2 | #1 #2 |
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Reflectors/Reflective Tape | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |

Remarks:

☐ Condition of the above vehicle is satisfactory

☐ All defects corrected
☐ Above defects need not be corrected for safe operation of vehicle

Inspector's Signature: _____ Date: _____

Driver's Signature (and company if not): _____

Driver's Signature: _____ Date: _____

DRIVER'S CSA PRE-TRIP CHECKLIST

The following items have a "severity" rating associated with them under the USDOT's CSA enforcement program. Check each item to verify that you are in compliance prior to driving. Violations of the requirements listed below could negatively impact your and the company's CSA safety scores.

Unsafe Driving:

- ☐ Run will not require speeding
- ☐ No radar detector
- ☐ Using seatbelt
- ☐ No unauthorized passengers

Drugs/Alcohol:

- ☐ No drug use/possession
- ☐ Not under influence of alcohol/drugs
- ☐ No alcohol in vehicle
- ☐ No alcohol use in prior 4 hours

Hours of Service:

- ☐ Not ill, fatigued, or Out-of-Service
- ☐ In compliance with off-duty requirements
- ☐ Run will not violate HOS limits
- ☐ In possession of current log
- ☐ Log is current, complete, and legible
- ☐ In possession of previous 7 days' logs
- ☐ In possession of on-board recorder instructions and spare logs, if applicable

Driver Fitness:

- ☐ No Out-of-Service orders
- ☐ Fully qualified to drive
- ☐ In possession of single, valid license
- ☐ License not suspended/revoked/qualified
- ☐ Proper license type and endorsements
- ☐ In possession of valid medical certificate

Vehicle Maintenance:

- ☐ Vehicle and Out-of-Service
- ☐ Pre-trip inspection
- ☐ Previous inspection report (DVIR) reviewed and repaired if necessary
- ☐ Reported defects were corrected
- ☐ Current annual inspection
- ☐ Vehicle in safe condition
- ☐ Emergency equipment in place
- ☐ Cargo is secure and cannot shift, break, roll, spring, or fall
- ☐ Tires are in good condition and strong enough

Vehicle Maintenance (continued):

- ☐ Anchor points and front end structure are in good condition
- ☐ En-route cargo inspections
- ☐ Size/weight is within limits
- ☐ Warning flags for projecting loads
- ☐ Vehicle components are secure

Hazardous Materials:

- ☐ Cargo is properly packaged and secured
- ☐ CDL with hazmat endorsement
- ☐ Loading/unloading hazards are known
- ☐ Paperwork (shipping paper, manifest, permit, etc.)
- ☐ Proper marking/placard ID no.
- ☐ Placard is clean, secure
- ☐ In possession of Emergency Response Guide and phone numbers
- ☐ Tire check
- ☐ Assistance requirements are known

I hereby certify that I am fit for duty and in compliance with all applicable state and/or Federal Motor Carrier Safety Regulations, including applicable items listed above.

Driver's signature: _____ Date: _____

Submit this form according to company policy.

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16823 (Rev. 6/13)

Schedule F

Herman's Trucking, Inc.

Driver Training

Herman's Driver Training – Schedule E

Date: July 26, 2023

Pre-Employment

All applicants for Truck Driving positions are required to submit a copy of their active CDL and medical certificate.

Each applicant's MVR is pulled from the state their license is issued in and must meet the requirements below to be considered for the position.

Class A or B CDL

Submit to drug and alcohol testing (pre-employment and random)

- Must have a current physical
- 20 years or older
- No vehicle accidents in the past 5 years
- No more than 2 moving violations in the past 5 years
- No drug or alcohol-related issues
- Cannot have a "No Air Brakes" Exception

Each applicant is given a driving test during their interview and must satisfy the Director of Trucking that they can perform a variety of tasks required to do the job safely.

New Drivers

Drivers must pass a drug test, be cleared by the FMCSA Drug and Alcohol Clearinghouse, and pass a background check before beginning work.

Drivers must successfully complete a comprehensive defensive driving course on their first day of employment.

Ongoing

Random drug testing is completed each quarter.

Post-accident drug testing is required.

Annual Training: Distracted Driving, Defensive Driving, Professional Truck Driver training, Accident and Spill Control Training.

Twice a year an updated MVR is obtained for all employees with a CDL and reviewed.

CSA scores are monitored regularly and included in conversations regarding safety and performance.

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 Marilyn Stelljes Date 9/30/25
Print Name Marilyn Stelljes Title Vice 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.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Western Star RO 2024	Roll Off	5KKMBPFMXRLVH1595	NJ AK164F	80000	Herman's Trucking, Inc.
Mack Granite 2024	Dump	1M2GR4GC0RM042360	NJ AY927N	80000	Herman's Trucking, Inc.
Mack Granite 2024	Dump	1M2GR4GC3RM038335	NJ AY96OL	80000	Herman's Trucking, Inc.
Mack Granite 2024	Dump	1M2GR4GC1RM038334	NJ AY959L	80000	Herman's Trucking, Inc.
Mack Granite 2023	Roll Off	1M2GR3GC2PM031478	NJ AP584F	80000	Herman's Trucking, Inc.
Mack Granite 2022	Dump	1M2GR4GC5NM027590	NJ AX982K	80000	Herman's Trucking, Inc.
Mack Granite 2023	Dump	1M2GR4GCXPM033369	NJ AU840E	80000	Herman's Trucking, Inc.
Mack Granite 2023	Dump	1M2GR4GC6PM0333370	NJ AU619W	80000	Herman's Trucking, Inc.
Volvo 2022	Tractor	4V4KC9EH9NN601554	NJ AX838K	80000	Herman's Trucking, Inc.
Mack Granite 2023	Dump	1M2GR4GC9NM027592	NJ AX407G	80000	Herman's Trucking, Inc.
Mack Pinnacle 2023	Tractor	1M1PN4GY5PM010643	NJ AX275E	80000	Herman's Trucking, Inc.
Mack Granite 2022	Dump	1M2GR4GC7NM027591	NJ AS367Z	80000	Herman's Trucking, Inc.
Mack Pinnacle 2025	Tractor	1M1PN4GY8SM017658	NJ AW312X	80000	Herman's Trucking, Inc.
Mack Pinnacle 2025	Tractor	1M1PN4GY7XM017657	NJ AW311X	80000	Herman's Trucking, Inc.
Mack Granite 2025	Dump	1M2GR4GC1SM049811	NJ AW724S	80000	Herman's Trucking, Inc.
Mack Granite 2025	Dump	1M2GR4GCXSM049810	NJ AW688L	80000	Herman's Trucking, Inc.

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.

Herman's Trucking Inc

