

RECEIPT

DATE

11/04/25

No.

743688

RECEIVED FROM

Guardian Companies, Inc.

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-0244

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

22250

TO

BY

M.M.



RECEIVED

NOV 04 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- 0244 Expiration Date 12/31/2024

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 Guardian Companies, INC

Location Address:	Mailing Address:
1617 Matassino Rd.	PO Box 11607
New Castle, DE 19720	Wilmington, DE 19850

Contact: James Williams Title: Safety and Shop Superintendent

Business Phone: 302-834-1000 Fax: 302-526-4578

E-mail: jcarlson@guardianco.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: Wilmington State: Delaware Date: 10/29/1987
☐ 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-(4B)

(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 A-(5)
☐ 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) A
 - ☒ 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# 238031 MC# N/A

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

GUARDIAN ONLY TRANSPORTS ITS OWN MATERIAL

10. Proof of Financial Responsibility

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

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

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

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

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment B

12. Driver Training

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

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment C

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 10/31/25
Print Name Robert Penland Jr Title Corp Secretary

****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
GMC C3500 2004	DUMP	1GDJK34234E264118	C25190 DE	15,000	GCCO # 13122
CHEV C3500 2007	DUMP	1GBJK34U97E153703	C91926 DE	15,000	GCCO # 13123
GMC C3500 2003	DUMP	1GDM7J1C23F513484	C40740 DE	33,000	GCCO # 13125
FREIGHTLINER M-2 2004	DUMP	1FVACXAK94HN09486	C496072 DE	33,000	GCCO # 13100
INTERNATIONAL 4300 2015	ROLLBACK	3HAMMMML0FL061728	C58898 DE	26,000	GCCO # 1280
FORD F750 2004	FLATBED	3FRXX75U84V660379	C474856 DE	33,000	GCCO # 1270
FORD F450 2006	DUMP	1FDXF46P46EC69215	CL90139 DE	15,000	GCCO # 2303
CHEV C70 2004	DUMP	1GBM7C1C94F504786	C56632 DE	33,000	GCCO # 2304
CHEV C7500 1997	FLATBED	1GBM7H1C6WJ110627	CL88135 DE	33,000	GCCO # 2582
GMC C8500 2004	DUMP	1GDM8C1C94F504422	CL39098 DE	33,000	GCCO # 13116
FORD F750 2013	DUMP	3FRWF7FC5DV027990	C104084 DE	26,000	GCCO # 13111
FREIGHTLINER M-2 2011	ROLLBACK	1FVHCYBS7BDAY9821	C58885 DE	54,500	GCCO # 1279
STERLING L8500	DUMP	2FZAAWAK44AM41244	CL28155 DE	36,220	GCCO # 13126
STERLING L8500	DUMP	2FZAAWAK14AM41248	CL40635 DE	36,000	GCCO # 13127

[Guardian]

P.O. Box 11607 • Wilmington, Delaware 19850
1617 Matassino Road • New Castle, Delaware 19720

Phone: 302-834-1000 • 1-800-345-4395 • Fax: 302-526-4578

Driver List

First Name

Last Name

First_Name

r_Last_Name-----,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2025

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 L & W Insurance Inc. PO Box 918 Dover DE 19903	CONTACT NAME: Heather chickadel PHONE (A/C, No, Ext): 302-674-3500 E-MAIL ADDRESS: hchickadel@lwinsurance.com FAX (A/C, No):
INSURED Guardian Companies, Inc. & Guardian Construction Co., Inc. PO Box 11607 Wilmington DE 19850	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Insurance Company INSURER B: Charter Oak Fire Insurance Company INSURER C: The Phoenix Insurance Company INSURER D: INSURER E: INSURER F:
GUARCOM-01	NAIC # 36161 25615 25623

COVERAGES **CERTIFICATE NUMBER:** 150576622 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		DTCOC1213014PHX	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		810B84616982526G	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUPB9662273	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	UBA02553662426G	10/1/2025	10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/rented equipment		QT630A0339132TIL	10/1/2025	10/1/2026	Limit: 225,000

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

CERTIFICATE HOLDER

CANCELLATION

Delaware Solid Waste Authority
P.O. Box 455
Dover DE 19903-0455

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ATTACHMENT "A"

4. Company Ownership Information

The Trust of Nona J. Cunane

86% Ownership

Nona Van Deusen, President

14% Ownership

Robert Penland Jr, Corp Secretary

0% Ownership

5. Company Locations in Delaware

1617 Matassino Road
New Castle DE 19720

6. Company Affiliates

Guardian Construction Co., Inc. is not affiliated with any other companies.

Mail:

P.O. Box 11607
Wilmington, DE 19850

Delivery:

1617 Matassino Rd.
New Castle, DE 19720

8. Treatment, Storage, and Disposal Facilities

(a) Cherry Island Landfill (DSWA)

1706 E. 12th Street
Wilmington, DE 19809

(b) Delaware Recyclable Products, Inc.

198 Marsh Lane
New Castle, DE 19720

(c) Clean Earth

94 Pyles Lane
New Castle, DE 19720

ATTACHMENT "B"

Spill Control Plan for Guardian Construction Co., Inc. Waste Haulers

1. Spill control and safety equipment carried in each vehicle or personally assigned to personnel will consist of the following:

Reflectors and/or flares
Fire Extinguisher
First Aid Kit
PPE (i.e., hard hat, reflective vest, safety glasses, heavy-duty gloves)
Flashlight
Rubber boots
Rubber gloves
Spill barrier
Oil/dry

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 pre-trip inspection, as required by the Delaware Department of Transportation. Any discrepancies found during this pre-trip inspection are required to be repaired prior to moving said vehicle.
4. In the event of an accident or emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

James Williams, Safety Officer

Mobile: [REDACTED]

If necessary Mr. Williams will coordinate clean-up with our designated response

contractor:
Guardian Environmental Services Company, Inc.
70 Aibe Drive
Newark, DE 19702
Phone: (302) 918-3070

5. Mr. Williams 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 (800) 662-8802

6. This plan will be carried in all vehicles, along with the Delaware Solid Waste Transporter Permit.

ATTACHMENT "C"

12. Driver Training

- la) Guardian's hiring procedure carefully screens all possible driver applicants; This procedure consists of DDT Physical, DOT Drug Screen, Background Check/DMV Record, Previous Employer Questionnaires, and Guardian's Driving Test. Select Guardian drivers have been 40-hr or 24-hr trained.

Physical Information Is tracked and updated as needed, Random DOT drugs screens are conducted, as required by DOT regulations, DMV reports are ordered, annually,

Our Medical Review Officer is:

Concentra
K-15 Omega Drive
Newark, DE 19713

Employment Screening/Background Checks by:

Lexis Nexis
1100 Alderman Drive
Mall stop 3205
Alfreda, GA 30005

Bi-weekly safety meetings are conducted by Guardian's safety officer.

- (b) OMV reports are pulled annually, for all Guardian employees, not only truck drivers. Attached is an excerpt from Guardian's employee handbook stating company policy on employee driving records and points accumulated.

Guardian regularly offers reimbursement for employees who choose to participate in, and pass, the Delaware Safe Driver's Course offered through Associated Builders and Contractors of Delaware and Delaware Contractor's Association, both of which Guardian is a longtime member.

- le) Waste handling and driving procedures and topics are covered in various bi-weekly safety meetings, along with monthly Toolbox Talks, our safety officer performs a quarterly review of the Spill Control Plan and the conditions of Guardian's Solid Waste Transporter's Permit.

- Outside employment must not interfere with your job performance
- Outside employment must not negatively affect the organization's business interest
- You may not work for competitors

If outside employment is determined to conflict with our policy, you may be asked to discontinue the outside employment, or you may be subject to disciplinary action, up to and including termination of employment with Guardian Construction.

Equipment Policy

All Guardian Construction employees are expected to show professionalism in the use of the organization's and clients' equipment, telephones, grounds and buildings. These guidelines should be followed, both out of courtesy and as good business practice:

- All equipment should be handled carefully and responsibly. When equipment breaks down, it should be immediately reported to their supervisor.
- The property of our organization and our clients should be appreciated, not abused. The speed limits on our sites should be observed and vehicles should be parked in the designated parking areas.
- Our office is maintained for the safety and security of Guardian Construction employees and the clients it supports.

Vehicle & Vehicle Maintenance

Condition of Employment

An employee's driving record and insurability may be a condition of employment determined by the employee's position. Post offer and annually thereafter the organization may conduct a Department of Motor Vehicle check on all employees' records and the DMV report may be reviewed by the organization's insurance carrier. Any employee that has their driver's license revoked must report this information to Human Resources within three days of occurrence.

Poor driving records or inability or ineligibility to meet the MVR Evaluation – Driver Standards may be grounds for dismissal if the position requires driving.

MVR/Driver Evaluation:

- All drivers must have a valid driver's license or commercial driver's license where required.
- The number of drivers must be reasonable for the number of vehicles.
- Drivers must be 21 years of age and have at least three (3) years of driving experience.

Any driver with any one (1) major violation within the past five (5) years or three (3) or more minor violations within the last three (3) years does not meet the underwriting standards and will be considered ineligible.

Major Violations

- Driving while intoxicated, impaired, or under the influence of drugs or alcohol
- Any conviction related to the use of an automobile including:
 - Assault, homicide or manslaughter by motor vehicle
 - Resisting arrest
 - Fleeing or evading police/roadblock
 - Hit and run/leaving the scene of an accident
- Reckless driving
- Driving with a suspended or revoked license
- Refusal to take a sobriety or substance test
- Speed in excess of 20 MPH over posted limit
- Using a motor vehicle in the commission of a felony
- Speed contest (drag racing)

Minor Violations

- Failure to report an accident
- Moving violations that include:
 - Speeding
 - Improper lane change
 - Failure to yield
 - Failure to obey traffic signal or sign
 - Careless driving
- Any at fault accident
- Texting while driving where prohibited
- Use of cell phone without a hands free device where prohibited

Company Owned Vehicles

- Guardian Construction owned vehicles are assigned to employees to enable them to conduct their business assignments. The vehicle is not to be used for personal use. In the event an employee will be out of work for an extended amount of time (two or more weeks), the company may retrieve the vehicle for insurance and security purposes, until the employee returns to full time duty.
- Seat belts must be worn by all employees and all passengers at all times while driving in company owned vehicles. Passengers shall not ride in seats or areas of the vehicles where seat belts are not installed. Seat belts should be used only as specified by the manufacturer.
- Employees will complete a DVIR daily so that routine service can be scheduled.

- Each employee who is assigned an organization vehicle is responsible for their assigned vehicle being properly equipped and being maintained in a safe driving condition, including standard maintenance and tires.
- Vehicle must be locked while unattended.
- The employee shall be financially responsible for all losses, damage, and liabilities incurred if the vehicle is used for purposes other than business.
- Only the employee assigned to the company owned vehicle shall be allowed to drive the vehicle. Family members and friends are not allowed to drive or be transported in the vehicle.
- DWI (Driving While Intoxicated) and/or DUI (Driving Under the Influence) is absolutely forbidden under any circumstances and may result in dismissal. Any accident occurring under this condition shall be charged to the employee personally.
- All moving violations, tickets, and fines will be the personal responsibility of the employee. It is required that any violation, ticket or fine be reported to the office immediately. The fine will be paid via a payroll deduction from the employee's paycheck.
- An employee's driving record and insurability may be a condition of employment determined by the employee's position. Poor driving records are grounds for dismissal. The employee's personal driving record is reviewed annually for acceptability by the organization's insurance agent.
- The organization will pay for all costs associated with the maintenance of organization owned vehicles. However, it is the responsibility of the employee to keep the vehicle neat, clean, and in good repair. As a guide, the vehicle should be maintained per the manufacturer's recommendations. The vehicle should always present a professional image. Any damage or required repair work should be brought to the attention of the employee's supervisor for immediate action.

Commercial Driver's License

An employee's status as an authorized driver is not authorization to drive a commercial vehicle. Commercial vehicles may only be operated by authorized drivers who also hold a valid non-commercial driver's license subject to the laws of the State issuing such license. The following vehicles require operators to hold a commercial driver's license:

- Vehicles with a gross vehicle weight or combined gross weight of 26,001 lbs. or more.
- Vehicles used to haul listed hazardous materials or waste.

Personally Owned Vehicles

- Some employees are required to provide their own vehicle to perform their job. Employees driving personal vehicles to conduct organization business are eligible for mileage reimbursement. The reimbursement amount will be determined by the current IRS standards. In return for that compensation, the employee must insure their vehicle and provide proof of coverage for the minimum insurance coverage required by the organization. The employee assumes liability and collision coverage for their vehicle and is the primary coverage on the vehicle in the case of an accident.

Davis, DaQuan (DNREC)

From: Jim Williams <jwilliams@guardianco.com>
Sent: Thursday, November 13, 2025 11:43 AM
To: Davis, DaQuan (DNREC)
Subject: FW: Recall: Jim Williams shared "Invoice from Guardian Construction Co Inc" with you
Attachments: Department of Natural Resources and Environme_Guardian Companies, Inc. & Guardian_Master 2025-2026.pdf

Here is the information you requested. 1st time doing this paperwork. Let me know if I am missing anything.

Thank You

Jim Williams
Quality & Safety

Phone: 302.834.1000 Ext: 232 Mobile: [REDACTED]

Fax: 302.526.4578

Physical Address: 1617 Matassino Road, New Castle, DE 19720 Mailing Address: PO Box 11607, Wilmington, DE 19850

Website:

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.guardianco.com%2F&data=05%7C02%7Cdaq%7C0%7C638986490032570649%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOljoitWFBpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=iWVWwTo6lInUJ6%2B2QvjpAP%2Fb4fipNql6YJosRUpKRlI%3D&reserved=0> Email: jwilliams@guardianco.com

-----Original Message-----

From: Ashley Raab <araab@lwinurance.com>
Sent: Thursday, November 13, 2025 10:57 AM
To: Jim Williams <jwilliams@guardianco.com>
Subject: RE: Recall: Jim Williams shared "Invoice from Guardian Construction Co Inc" with you

Hi Jim,

The requested certificate is attached.

For the MCS-90. We need to send a request to Travelers for an endorsement. Once travelers issues the form, it will be automatically sent to the FMCSA office and applied to the DOT number. We will try to put a rush on this request.

Ashley Raab
Commercial Administrative Assistant
3801 Kennett Pike Building C-200, Greenville, DE 19807
(302) 543-7121 ext 238 | (302)-674-2909 (fax) Wilmington | Dover | Ocean View

-----Original Message-----

From: Jim Williams <jwilliams@guardianco.com>
Sent: Thursday, November 13, 2025 10:27 AM
To: Ashley Raab <araab@lwinurance.com>

Subject: FW: Recall: Jim Williams shared "Invoice from Guardian Construction Co Inc" with you

Good Morning Ashley,

As I attempt to bumble through paperwork for our solid waste permit 2 issues arose.

1. Attached MCS-90 Form. I believe needs to be signed off.
2. Can you produce 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.

Any help or direction would be appreciated.

Jim Williams
Quality & Safety

Phone: 302.834.1000 Ext: 232 Mobile: [REDACTED]

Fax: 302.526.4578

Physical Address: 1617 Matassino Road, New Castle, DE 19720 Mailing Address: PO Box 11607, Wilmington, DE 19850

Website:

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.guardianco.com%2F&data=05%7C02%7Cdaq%7C0%7C638986490032584550%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMtIklkFOIjoIWFpbClldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=KYOqHccIYdVSmzEwxNgK0Z8pNtljBdX9sq0%2Bleb6MMY%3D&reserved=0> Email: jwilliams@guardianco.com

-----Original Message-----

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> On Behalf Of WHStranporters

Sent: Wednesday, November 12, 2025 10:24 AM

To: Jim Williams <jwilliams@guardianco.com>

Subject: RE: Recall: Jim Williams shared "Invoice from Guardian Construction Co Inc" with you

Hello,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the item listed below:

. Section 10-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.

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

Thank you,

DaQuan Davis

DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
302-739-9403

WHStranporters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flinkprotect.cudasvc.com%2Furl%3Fa%3Dhttps%253a%252f%252fdnrec.delaware.gov%26c%3DE%2C1%2CzJysWOIVB14ds0Pks435OsiqRIk39_nB2eJBLYsYcyNeKRY3lhMN3BQPQydoDXTg1w0Zqq9ahdPgh-HqIHpqnaVLur3sKXUjXE59GC7mWhmUiriN5L1qJ5xWctQ9%26typo%3D1&data=05%7C02%7Cdaquan.davis%40delaware.gov%7C3e9a7976481f421a1eb408de22d3b02e%7C8c09e56951c54deeabb28b99c32a4396%7C0%7C0%7C638986490032593809%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOilwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=g2bUrknZ77oao9dBVHtuSFTeYzUZJODg%2BdTL%2FYWlmW4%3D&reserved=0

-----Original Message-----

From: Jim Williams <jwilliams@guardianco.com>

Sent: Wednesday, October 8, 2025 9:10 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Recall: Jim Williams shared "Invoice from Guardian Construction Co Inc" with you

jwilliams@guardianco.com would like to recall the message, "Jim Williams shared "Invoice from Guardian Construction Co Inc" with you".



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2025

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 L & W Insurance Inc. PO Box 918 Dover DE 19903	CONTACT NAME: Heather chickadel PHONE (A/C, No, Ext): 302-674-3500 E-MAIL ADDRESS: hchickadel@lwinsurance.com FAX (A/C, No):														
INSURED Guardian Companies, Inc. & Guardian Construction Co., Inc. PO Box 11607 Wilmington DE 19850	INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Travelers Property Casualty Insurance Company</td><td>36161</td></tr><tr><td>INSURER B : Charter Oak Fire Insurance Company</td><td>25615</td></tr><tr><td>INSURER C : The Phoenix Insurance Company</td><td>25623</td></tr><tr><td>INSURER D : Westchester Surplus Lines Ins</td><td>10172</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A : Travelers Property Casualty Insurance Company	36161	INSURER B : Charter Oak Fire Insurance Company	25615	INSURER C : The Phoenix Insurance Company	25623	INSURER D : Westchester Surplus Lines Ins	10172	INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1283955190

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DTCC1213014PHX	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		810B84616982526G	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUPB9662273	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	UBA02553662426G	10/1/2025	10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D	Leased/rented equipment Pollution Liability		QT630A0339132TIL G4877135A 001	10/1/2025 10/1/2025	10/1/2026 10/1/2027	Limit: Limit: 225,000 1,000,000

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

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