

# RECEIPT

DATE

11/17/25

No.

743697

RECEIVED FROM

Red-e-bins Sussex LLC

\$

350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1944

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

1240

TO

BY

M.M.



RECEIVED

NOV 17 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- 1944 Expiration Date 12/31/2025

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 Red-e-bins Sussex LLC

Location Address:	Mailing Address:
4517 Cedar Neck Rd Milford DE 19963	4517 Cedar Neck Rd Milford DE 19963

Contact: Jon LoBiondo Title: Member

Business Phone: 3022362713 Fax: \_\_\_\_\_

E-mail: redbinsde@gmail.com

24 hr Emergency Contact Phone: 3022362713

## 4. Company Ownership Information

(a). Please indicate the company type:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Municipality  
☐ Public institution  
☒ Limited Liability Corporation (LLC) State: DE  
☐ 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 1

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

- ☒ Attachment 1  
☐ 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 1  
☐ 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 1  
☐ 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) Leaves, sticks, branches  
☐ 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) 1
  - ☐ 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) 1
  - ☐ 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# 3968410 MC# \_\_\_\_\_
- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

## 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input 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 1

### 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 1



### 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** \_\_\_\_\_

**Print Name** Jon LoBiondo **Title** Member

***\*\*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: \_\_\_\_\_ Phone: \_\_\_\_\_
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*  
Maryland:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

Attachment 1

**#4 (b). Red-e-bins Sussex LLC**

1. SJ Squared LLC, Partner, 4/29/22, 4517 Cedar Neck Rd Milford DE 19963, 69% ownership
2. [REDACTED]
3. [REDACTED]

**#4 (c). SJ Squared LLC**

1. [REDACTED]
2. [REDACTED]

**#5. Red-e-bins LLC, 4517 Cedar Neck Rd, Milford De 19963**

**#6. SJ Squared LLC, 4517 Cedar Neck Rd, Milford DE 19963, Provider of the trailer and bins for Red-e-bins Sussex LLC to conduct business as a waste hauler.**

**#8. (b) Jones Crossroads Landfill**

28560 Landfill Lane  
Georgetown, DE 19947  
**Sandtown Landfill**  
1107 Willow Grove Rd  
(Rt. 10)  
Felton, DE 19943

When applicable and permissible.

**Rt. 5 Transfer Station**

29997 John P. Healy Drive,  
Harbeson, DE 19951

**Milford Transfer Station**

1170 S. DuPont Boulevard  
Milford, DE 19963

**#10. See attached insurance policy**

**#11.**

**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). Spill control kit full and onboard

(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). Equipment check for all items listed above in #1.

(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: Jon LoBiondo

Phone: 302-236-2713

(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.*)

(6) This plan will be carried in all vehicles, along with the permit.

**#12.**

(a.) Both part-time drivers have current Delaware CDL endorsements on their licenses.

(b.) We are a part-time, two-man operation and speak on a weekly basis. Our equipment consists of a pickup truck and a trailer.

(c.) Each driver has received comprehensive training on the operation of the lift and dump system associated with the business model. Each driver has demonstrated competent operation of the hydraulic system and trailer connection.

(i) Each driver is briefed every 6 months about proper spill procedures as well as proper management of waste hauling per DSWA.

(ii) The spill plan is stationed in the truck and discussed every 3 months.

- (iii) The DWSA conditions for transport are discussed yearly unless there are changes.

#14.



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]



RED-SUS-01

MGROGAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/22/2025

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.  
90 Atlantic Ave  
Ocean View, DE 19970

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext): (302) 616-2841 FAX  
(A/C, No): (302) 616-4754  
E-MAIL  
ADDRESS: contact@lwinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Covington Specialty Insurance

INSURER B : National Indemnity

20087

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Red-E-Bins Sussex, LLC  
4517 Cedar Neck Rd  
Milford, DE 19963

## 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			VBB180482	9/23/2025	9/23/2026	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 \$ 2,000,000
	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:						
B	AUTOMOBILE LIABILITY			70TRR255569-03	9/23/2025	9/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

DNREC Compliance & Permitting Section  
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



**COMMERCIAL GENERAL LIABILITY COVERAGE  
PART DECLARATIONS**☐ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: VBB180482

EFFECTIVE DATE: 09/23/2025

2. NAMED INSURED: RED-E-BINS SUSSEX LLC

**3. LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products - Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
Each Occurrence Limit	\$	1,000,000	
Damage To Premises Rented To You Limit	\$	100,000	Any One Premise
Medical Expense Limit	\$	5,000	Any One Person

Coverage A of this insurance does not apply to injury caused by a wrongful act which was committed before the Retroactive Date, if any shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date)

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):

1. 3 IROQUOIS AVENUE, MILFORD, DE 19963

CODE NO.	PREM NO.	CLASSIFICATION	PREMIUM BASIS	EXPOSURE AMOUNT	RATE		ADVANCE PREMIUM	
					PR/CO	ALL OTHER	PR/CO	ALL OTHER
49950	1	CG 2029 - Additional Insured - Grantor of Franchise	Each	1	Incl	100.000	Incl	\$100.00
93706	1	Roll-Off Container Rental including Haul-Off Operations	Sales	100,000	Incl	9.051	Incl	\$905.00
95233	1	Garbage, Ash or Refuse Collecting	Payroll	--If Any--	Incl	13.794	Incl	Incl
TOTAL ADVANCE PREMIUM FOR THIS PAGE							\$ .00	\$ 1,005.00
TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART								\$ 1,005.00

**4. FORMS AND ENDORSEMENTS APPLICABLE** (other than applicable Forms and Endorsements shown elsewhere in this policy)

\*Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS - GBA900002**

\*Entry optional if shown on Common Policy Declarations

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

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Copyright, Insurance Services, Inc., 1984.

**COMMON POLICY DECLARATIONS**

THIS POLICY IS ISSUED BY THE COMPANY NAMED BELOW

**COMPANY NAME:** Covington Specialty Insurance Company (A New Hampshire Stock Company)**BRANCH ADDRESS:** 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160**POLICY NO.:** VBB180482 **PRIOR POLICY:** VBB113603 00**NAMED INSURED:**  
RED-E-BINS SUSSEX LLC

This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

Kevin Doyle

**MAILING ADDRESS:**  
3 IROQUOIS AVE  
MILFORD, DE 19963**POLICY PERIOD:** From 09/23/2025 to 09/23/2026 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

COVERAGE PARTS		PREMIUM	
Commercial Property		\$	Not Covered
Commercial General Liability		\$	1,005.00
Liquor Liability		\$	Not Covered
Commercial Inland Marine		\$	Not Covered
Commercial Professional Liability		\$	Not Covered
Annual Minimum and Deposit Premium		\$	1,005.00
Audit Period: Annual unless otherwise stated:			
SL taxes and fees	Broker Fee - RPS \$250.00 DE Surplus Lines Tax \$37.65	Terrorism Premium	\$ --Excluded--
Other		Other charges (SL taxes, fees)	\$ 287.65
		<b>TOTAL POLICY PREMIUM</b>	<b>\$ 1,292.65</b>

**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:****SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002**

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

**AGENCY NAME / ADDRESS:**KEVIN DOYLE 3002822541  
RISK PLACEMENT SVC - LEXINGTON, KY  
527 WELLINGTON WAY, SUITE 350  
LEXINGTON, KY 40503Countersigned: 7/15/2025  
DateBy: \_\_\_\_\_  
Authorized RepresentativeIncludes copyrighted material of Insurance Services Office, Inc., with its permission.  
Copyright, Insurance Services, Inc., 1984.**To Report a Loss**

GBA 900001 0819

- Dial toll-free #1 (844)777-8323 or visit our
- Website: <https://my.rpsins.com/claimsfnol>
- Contact Insurer directly (see policy section)

## Davis, DaQuan (DNREC)

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**From:** LoBiondo, Jon <JLobiond@msd.k12.de.us>  
**Sent:** Friday, November 21, 2025 8:09 AM  
**To:** Jon LoBiondo; WHStranporters  
**Subject:** RE: [External] Fwd: Delaware Solid Waste Transporter Permit Application  
**Attachments:** 2025 DSWA extra..pdf

Mr. Davis,  
I have added the 12. B. info as well as the signature.  
Thank you for your patience.  
Regards,

Jon LoBiondo  
Supervisor of Transportation  
Milford School District  
O: 302-422-1600 Ext. 1224  
C: 302-242-0041

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**From:** Jon LoBiondo <redebinsde@gmail.com>  
**Sent:** Thursday, November 20, 2025 9:48 PM  
**To:** LoBiondo, Jon <JLobiond@msd.k12.de.us>  
**Subject:** [External] Fwd: Delaware Solid Waste Transporter Permit Application

**WARNING: External Email** - This email originated outside of the State email system.  
**DO NOT CLICK** links or attachments unless you recognize the sender and *are expecting* the email.

Sent from my iPhone

Begin forwarded message:

**From:** WHStranporters <WHStranporters@delaware.gov>  
**Date:** November 19, 2025 at 2:29:04 PM EST  
**To:** Jon LoBiondo <redebinsde@gmail.com>  
**Subject:** Delaware Solid Waste Transporter Permit Application

Hello Mr. LoBiondo,

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 items listed below:

- **Section 12-** Does your company have a procedure for periodic checks of the driver's records for moving violations, and does your company's policy on progressive counseling/discipline include points?

- **Section 16-** Please have the owners sign and date the application.

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

[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)





### 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 [Signature] Date 4/21/25  
Print Name Jon LoBiondo Title Member

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



#11.

**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). Spill control kit full and onboard

(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). Equipment check for all items listed above in #1.

(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: Jon LoBiondo

Phone: 302-236-2713

(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.*)

(6) This plan will be carried in all vehicles, along with the permit.

#12.

- (a.) Both part-time drivers have current Delaware CDL endorsements on their licenses.
- (b.) We are a part-time, two-man operation and speak on a weekly basis. We have third party access to basic driving records when necessary. We do not have a policy for progressive discipline.
- (c.) Each driver has received comprehensive training on the operation of the lift and dump system associated with the business model. Each driver has demonstrated competent operation of the hydraulic system and trailer connection.
  - (i) Each driver is briefed every 6 months about proper spill procedures as well as proper management of waste hauling per DSWA.
  - (ii) The spill plan is stationed in the truck and discussed every 3 months.
  - (iii) The DWSA conditions for transport are discussed yearly unless there are changes.