

**RECEIPT**DATE IV/18/25

No.

743698

RECEIVED FROM

Maru Properties**\$ 350.00** FOR RENT  
 FORNew DE-SW-2172

DOLLARS

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH  
 CHECK  
 MONEY  
 ORDER  
 CREDIT  
 CARD

FROM 139D TO   
BY M.M.

**Davis, DaQuan (DNREC)**

---

**From:** Sharon Keithley <skeithley@pratt-insurance.com>  
**Sent:** Thursday, November 13, 2025 3:24 PM  
**To:** Davis, DaQuan (DNREC)  
**Cc:** maruproperties24@gmail.com  
**Subject:** Maru Properties  
**Attachments:** Maru Properties coi.pdf

**RECEIVED**

NOV 18 2025

**DNREC - WHS**

Good Afternoon

Please find attached a certificate of insurance on the above referenced account. Please let me know if you need anything else.

Thanks

**Sharon Keithley**  
Commercial Lines CSR  
Pratt Insurance Inc  
302-653-6681  
302-389-5186-Direct Line

*\*This transmission contains information that may be confidential or privileged, and is intended only for the recipient identified above. If you received this transmission in error, please notify the sender immediately, delete all copies, and be aware that any disclosure, copying, distribution or use of the contents of this transmission is strictly prohibited. Also, for your protection, coverage cannot be bound or changed via voice mail, email, fax or online via the agency's website, and is not effective until confirmed directly with a licensed agent*



RECEIVED

NOV 18 2025

ONREC - WHS

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

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

## SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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

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

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

### 1. Type of Permit

New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the “State of Delaware,” in the amount of \$75.00.

New – **ALL OTHERS** Submit a check or money order, payable to the “State of Delaware” in the amount of \$350.00.

Renewal: Permit # DE-SW- \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

#### SCRAP TIRES ONLY

One Year - \$75.00  
 Two Years - \$125.00  
 Three Years - \$175.00  
 Four Years - \$225.00  
 Five Years - \$275.00

#### ALL OTHERS

One Year - \$350.00  
 Two Years - \$650.00  
 Three Years - \$950.00  
 Four Years - \$1250.00  
 Five Years - \$1550.00

**2. Release to Public**

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?  Yes  No

**3. Company Information**

Company Name Mark Properties

Location Address:	Mailing Address:
<u>35001 Roxana Road</u>	<u>35001 Roxana Road</u>
<u>Frankford De 19945</u>	<u>Frankford De 19945</u>

Contact: Mark Title: President

Business Phone: \_\_\_\_\_ Fax: 302 436 4700

E-mail: Mark Properties 24@gmail.com

24 hr Emergency Contact Phone: 302 462-5686

**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: Frankford State: Delaware Date: 11/12/25  
 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 Mark Gibbons 100%

(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.

35001 Roxana Road Frankford De 19945

Attachment \_\_\_\_\_  
 No Delaware locations

### 6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

Attachment \_\_\_\_\_  
 No affiliates

### 7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

Residential waste  
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
 Industrial waste (from a manufacturing or industrial process)  
 Dry waste:  construction/demolition debris  
 trees/stumps  
 other (must specify) \_\_\_\_\_  
 Ash:  municipal incinerator  
 coal ash  
 other (must specify) \_\_\_\_\_  
 Infectious waste  
 Non-hazardous petroleum-hydrocarbon contaminated soils  
 Asbestos-containing waste  
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware?  Yes  No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers?  Yes  No  N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?  Yes  No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?  Yes  No

### 8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste?  Yes  No

(b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_  
 Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)  
 Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils )  
 Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_  
 Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

### 9. Other Transporter Permits

(a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

Attachment \_\_\_\_\_  
 Not applicable-No transporter permit required for these solid waste types in our home state.

(b). List solid waste transporter permits held in other states.

Attachment \_\_\_\_\_  
 No transporter permits in other states

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

DOT# 449 56 50 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 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	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Asbestos	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

## 11. Spill Control and Safety

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

Spill Control Plan: Attachment \_\_\_\_\_

## 12. Driver Training

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

- (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 Driver Mark Gibb Class A CDL  
Driving 44 years Clean Rec.

## Spill Control + Safety

- 1 Stay Dry 60 lbs
- 2 protective Spill control Ring
- 3 Rubber gloves
- 4 Protective Suit

## 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 tarpred to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). *Truck Safety*
  - 2). *Safety Equipment* *Sheet in Page*
- (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: *Marcia Coble* Phone: *302-462-5686*
- (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.

# DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/  
TRUCK NO.**

- Air Compressor
- Air Lines
- Battery
- Belts and Hoses
- Body
- Brake Accessories
- Brakes, Parking
- Brakes, Service
- Clutch
- Coupling Devices
- Defroster/Heater
- Drive Line
- Engine
- Exhaust
- Fifth Wheel
- Fluid Levels
- Frame and Assembly

**ODOMETER READING**

- Front Axle
- Fuel Tanks
- Horn
- Lights
- Head/Stop
- Tail/Dash
- Turn Indicators
- Clearance/Marker
- Mirrors
- Muffler
- Oil Pressure
- Radiator
- Rear End
- Reflectors
- Safety Equipment
- Fire Extinguisher
- Flags/Flares/Fusees
- Reflective Triangles
- Spare Bulbs and Fuses
- Spare Seal Beam
- Starter
- Steering
- Suspension System
- Tire Chains
- Tires
- Transmission
- Trip Recorder
- Wheels and Rims
- Windows
- Windshield Wipers
- Other

**TRAILER(S) NO.(S)**

- Brake Connections
- Brakes
- Coupling Devices
- Coupling (King) Pin
- Doors

- Hitch
- Landing Gear
- Lights - All
- Reflectors/Reflective Tape
- Roof
- Suspension System
- Tarpaulin
- Tires
- Wheels and Rims
- Other

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: \_\_\_\_\_

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

**ORIGINAL**

# DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/  
TRUCK NO.**

**ODOMETER READING**

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

**TRAILER(S) NO.(S)**

- Brake Connections
- Brakes
- Coupling Devices
- Coupling (King) Pin
- Doors
- Hitch
- Landing Gear
- Lights - All
- Reflectors/Reflective Tape
- Roof
- Suspension System
- Tarpaulin
- Tires
- Wheels and Rims
- Other

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: \_\_\_\_\_

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

### 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 11-12-25  
Print Name Mark A. Gibbs Title President

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



## DELAWARE INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

22586

COMPANY

Atlantic States

EXPIRATION DATE

03/25/2026

PERSONAL

POLICY NUMBER

1000458624

EFFECTIVE DATE

11/11/2025

EXPIRATION DATE

03/25/2026

COMMERCIAL

YEAR

2005

MAKE/MODEL

Ford F750

VEHICLE IDENTIFICATION NUMBER

3F8XF75T55V106356

COMMERCIAL

PERSONAL

AGENCY/COMPANY ISSUING CARD

Pratt Insurance, Inc.

4 Village Square

Smyrna, DE 19977

INSURED

Maru Properties LLC & Mark Giblin  
35001 Roxana Rd  
Frankford, DE 19945

(302) 653-6681

SEE IMPORTANT NOTICE ON REVERSE SIDE

## INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY

COMMERCIAL

PERSONAL

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

COMPANY NUMBER

MODEL/MAKE

VEHICLE IDENTIFICATION NUMBER

STATE OF DELAWARE  
Motor Vehicle Registration Card

Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION  
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE TAG AND REGISTRATION NO.	SPECIAL TAG, IF ANY	ODOMETER MILEAGE		MILEAGE DISCLOSURE NOT REQUIRED
		0		
MANUFACTURER AND YEAR	MODEL	BODY STYLE	YEARLY FEE	AFV FEE
FORD 2005	F75	ST	418.00	N/A
TITLE DATE	EXPIRATION DATE	VEHICLE IDENTIFICATION NO.		
11/12/2025	11/12/2026	3F8XF75T55V106356		
REG WEIGHT	MGW/K	USE	COLOR	
26,000	33,000	TRANSFER	WHI	

2025111278740533MJS 0126100RT C0030405

GIBLIN MARK ALLEN SR  
35001 ROXANA RD  
FRANKFORD DE 19945

M 10/03/2007. All rights reserved.

INSURED

SS.

Int/Company as

J.nes.  
zachREDA  
ND

Agent/Company as



MARKLAN-02

SKEITHLEY

DATE (MM/DD/YYYY)

11/13/2025

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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

Pratt Insurance, Inc.  
4 Village Square  
Smyrna, DE 19977

## CONTACT

NAME:  
PHONE  
(A/C, No, Ext): (302) 653-6681

FAX  
(A/C, No):E-MAIL  
ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Atlantic States

22586

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Maru Properties LLC & Mark Giblin  
35001 Roxanna Rd  
Frankford, DE 19945

## COVERAGE

## 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	X COMMERCIAL GENERAL LIABILITY			CPA8101918	3/25/2025	3/25/2026	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY			1000158624	3/25/2025	3/25/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>							\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH- ER
							E.L. EACH ACCIDENT	\$
							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

Delaware Department of Natural Resources  
89 Kings Hwy  
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

ACORD 25 (2016/03)

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# **DANGER**

**AN UNTRAINED OPERATOR  
SUBJECTS HIMSELF AND  
OTHERS TO**

**DEATH OR SERIOUS INJURY**

**YOU MUST NOT OPERATE  
THIS EQUIPMENT UNLESS**

- You have been trained in the safe operation of this equipment.
- You read, understand and follow the safety and operating recommendations contained in the equipment manufacturer's manuals, your employer's work rules and applicable government regulations.

**C4540**



MARKLAN-02

SKEITHLEY

DATE (MM/DD/YYYY)  
11/13/2025

## CERTIFICATE OF LIABILITY INSURANCE

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 Pratt Insurance, Inc. 4 Village Square Smyrna, DE 19977	CONTACT NAME:	
	PHONE (A/C, No, Ext): (302) 653-6681	FAX (A/C, No):
INSURED  Maru Properties LLC & Mark Giblin 35001 Roxanna Rd Frankford, DE 19945	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic States	22586
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

## COVERAGEs

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPA8101918	3/25/2025	3/25/2026	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	OTHER:						\$
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		1000158624	3/25/2025	3/25/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	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 <input type="checkbox"/> N/A				PER STATUTE	OTHEr
						E.L. EACH ACCIDENT	\$
						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

Delaware Department of Natural Resources  
89 Kings Hwy  
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

**Davis, DaQuan (DNREC)**

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**From:** Mark Giblin <maruproperties24@gmail.com>  
**Sent:** Tuesday, November 18, 2025 2:15 PM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Re: Application

We do not have any affiliates or any other state permits.

Thank you

On Tue, Nov 18, 2025, 10:52 AM Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> wrote:

Hello,

After reviewing your application, I need the following information to proceed:

- Does Maru Properties have any affiliate companies?
- Does Maru Properties possess any other state solid waste transporter permits?

Please respond to this email within five days.

Thank you,

DaQuan L. Davis



# DaQuan L. Davis

Environmental Scientist

## Division of Waste and Hazardous Substances

✉ 302-739-9403

✉ [WHTransporters@delaware.gov](mailto:WHTransporters@delaware.gov)

📍 [89 Kings Hwy SW, Dover, DE 19901](https://www.google.com/maps/place/89+Kings+Hwy+SW,+Dover,+DE+19901)

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



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**From:** Mark Giblin <[maruproperties24@gmail.com](mailto:maruproperties24@gmail.com)>

**Sent:** Monday, November 17, 2025 5:12 PM

**To:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)>

**Subject:** Application

Attached are the solid waste transporter forms and all other required documents.

Please let me know if anything else is required.

Thank you,

Mark Giblin

Maru Properties LLC.