

RECEIPT

DATE

12/10/25

No.

635813

RECEIVED FROM

Juan E. Diaz

\$ 50.00

Six hundred fifty and 00

DOLLARS

 FOR RENT FOR

DE-SW-2035

| | | |
|----------|--|--|
| ACCOUNT | | |
| PAYMENT | | |
| BAL. DUE | | |

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

1645

TO

BY

M.M.



RECEIVED

DEC 10 2025

DNREC - 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- 2035 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 JUAN E. DIAZ

| Location Address: | Mailing Address: |
|---------------------|---------------------|
| 4304 Berrytown Road | 4304 Berrytown Road |
| Wyoming, DE 19934 | Wyoming, DE 19934 |
| | |

Contact: Juan E. Diaz Title: Owner

Business Phone: (302) 747-6311 Fax: N / A

E-mail: jd.muledeer@yahoo.com

24 hr Emergency Contact Phone: (302) 747-6311

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: _____
 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.

Juan Diaz
 Attachment 100% Owner

(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 same as location address
 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) Sandtown Landfill
 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:

U \$DOT# 2788094 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:

| | 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 ✓

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 ✓

- ① Driver has to have CDL class A
- ② Do DOT Walk-Around Reports
- ③ Know Spill Control Plan
- ④ I, Juan E. Diaz, have no points and 40 years of experience

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 Juan E. Diaz Date 11/10/2025

Print Name Juan E. Diaz Title Owner

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

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). Check truck, parts, air leaks, tires, lights, etc. before driving
- 2). Ensure truck is in safe, driveable condition before trip

(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: Juan E. Diaz Phon: [REDACTED]

(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.

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.

VEHICLE OPERATORS:

Juan E. Diaz (owner)

Michael Boisey (Employee)

shawn collier (Employee)

Proof of Insurance
Kenworth T800 2007

CANAL INSURANCE COMPANY
(NAIC No. 10464)
IDENTIFICATION CARD

truck JDY

| | | |
|----------------|-------------------------|-------------------------------|
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| CT3889111739 2 | 07/31/2025 | 07/31/2026 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2007 | Kenworth / Construction | 1NKDXBTX87J174631 |

TRANSFERS RESERVED
J. M. E. DIAZ
4304 Berrytown Road, Camden Wyoming, Delaware 19934

AGENT
Risk Placement Services Inc - 19359
208 East Main Street, Suite D
Salisbury, Maryland 21801

— FOLD HERE —

IN CASE OF ACCIDENT

1. Obtain identity of persons involved and names and addresses of any witnesses.
2. Make no statement about the accident to anyone except the police or a representative of Canal Insurance Company.
3. Notify CANAL INSURANCE COMPANY, P.O. Box 7, Greenville, SC (29602) at once. If there are injuries, call (800) 452-6911, weekdays between 8:30 AM and 5:00 PM (Eastern Time).
4. Weekends, holidays and after 5:00 PM weekdays, call (800) 241-2541.

This card is required to register your vehicle, obtain new tags, and serve as evidence of insurance when law enforcement authorities have need to ask.

This card must be carried in the vehicle at all times.

Form ID-1 DE

(7-2008)

CANAL INSURANCE COMPANY
(NAIC No. 10464)
IDENTIFICATION CARD

| | | |
|----------------|-------------------------|-------------------------------|
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| CT3889111739 2 | 07/31/2025 | 07/31/2026 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2007 | Kenworth / Construction | 1NKDXBTX87J174631 |

NAME OF INSURED
Juan E. Diaz
4304 Berrytown Road, Camden Wyoming, Delaware 19934

AGENT
Risk Placement Services Inc - 19359
208 East Main Street, Suite D
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| 2007 | Kenworth / Construction | 1NKDXBTX87J174631 |

NAME OF INSURED
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208 East Main Street, Suite D
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Form ID-1 DE

(7-2008)

CANAL INSURANCE COMPANY
(NAIC No. 10464)
IDENTIFICATION CARD

| | | |
|----------------|-------------------------|-------------------------------|
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| CT3889111739 2 | 07/31/2025 | 07/31/2026 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2007 | Kenworth / Construction | 1NKDXBTX87J174631 |

NAME OF INSURED
Juan E. Diaz
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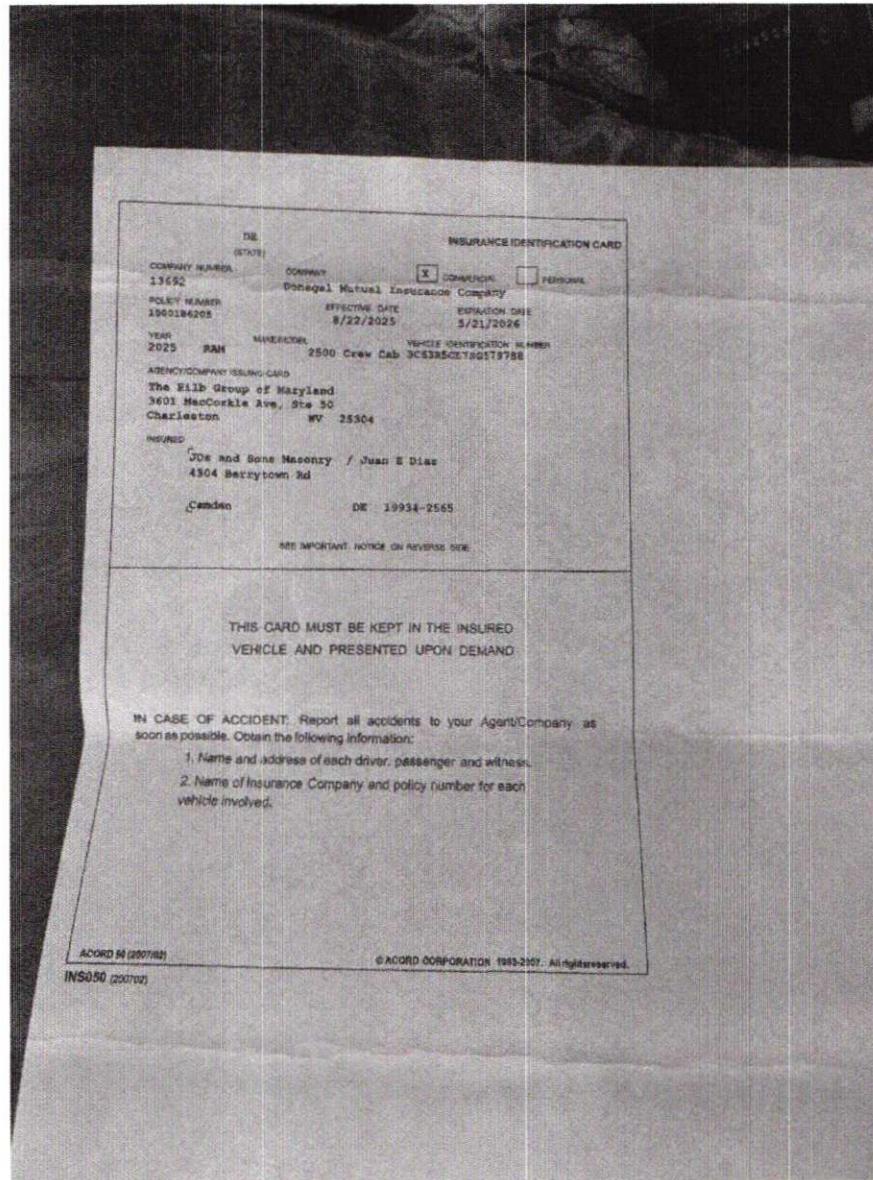
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Form ID-1 DE

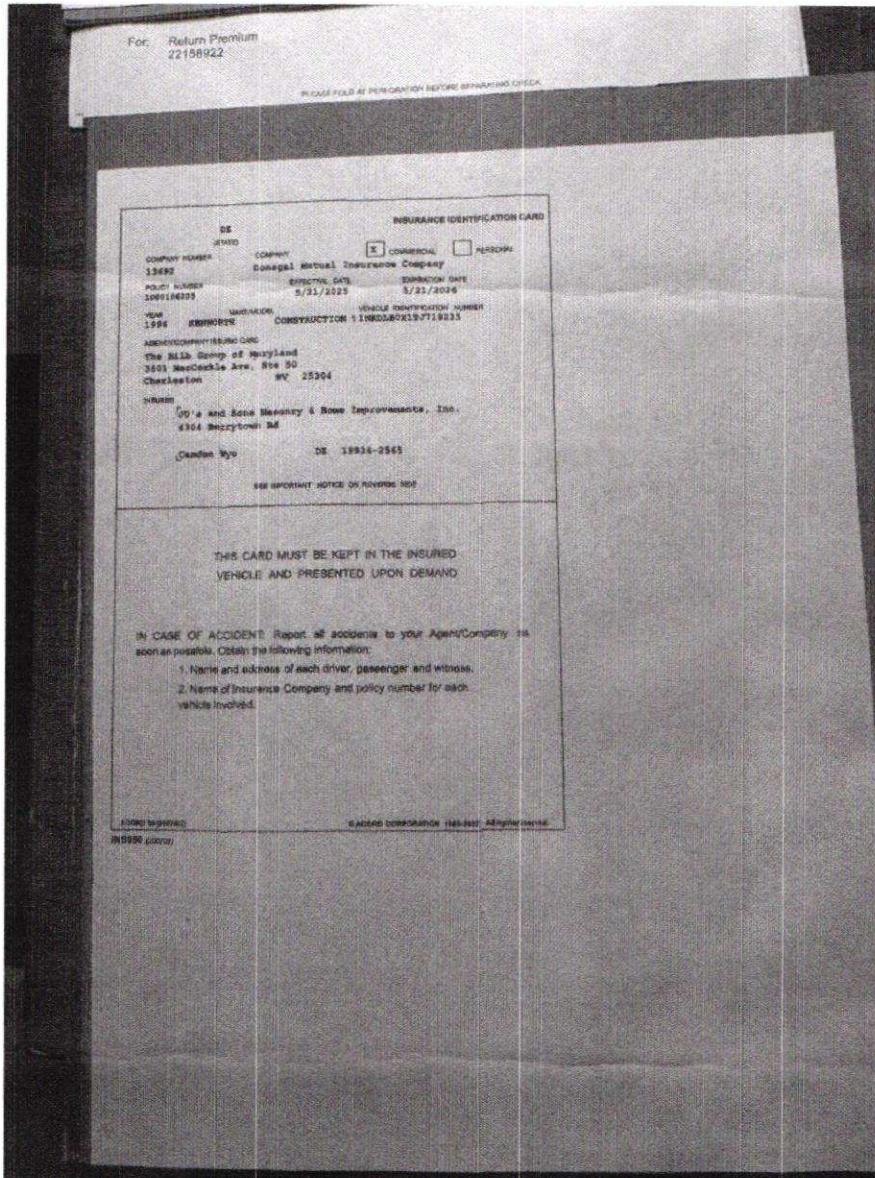
(7-2008)

Proof of Insurance
RAM 2500 2025



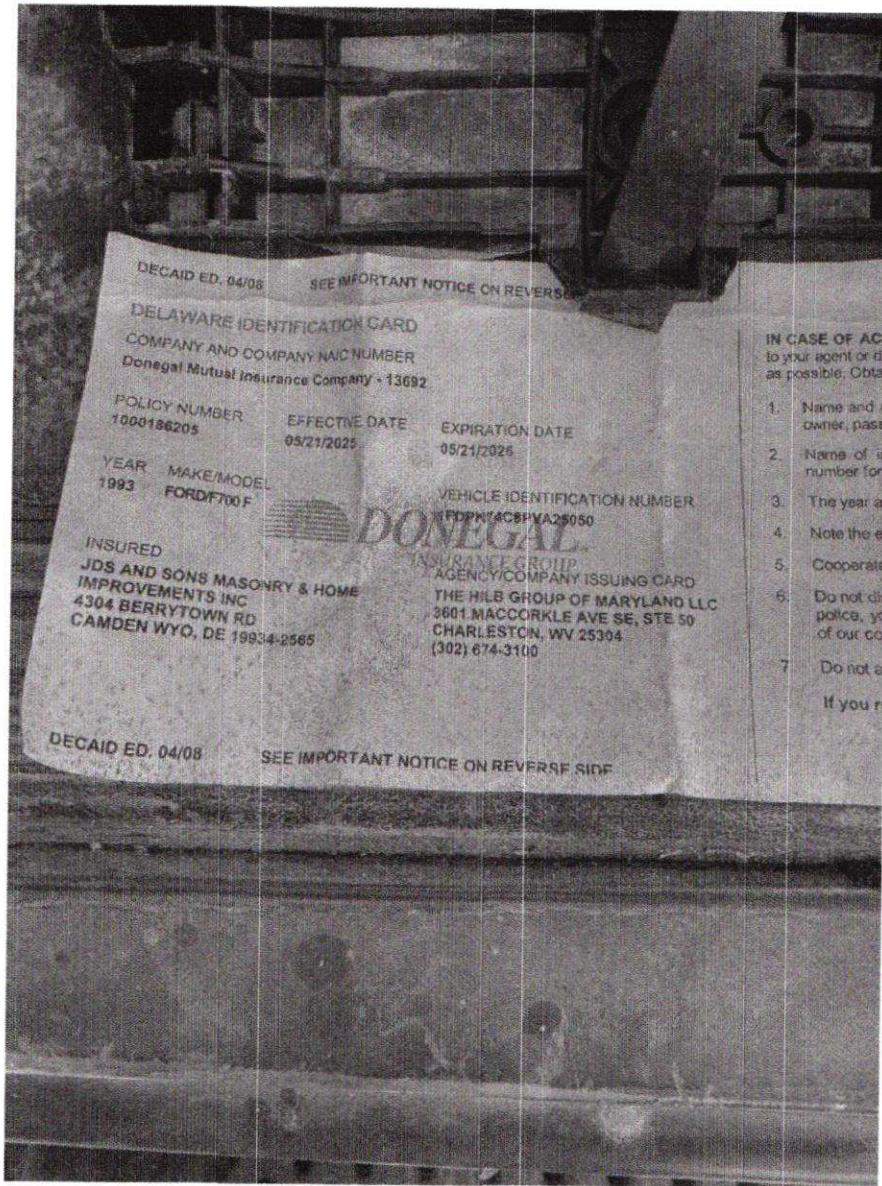
Proof of Insurance

Kenworth T800 1996



Proof of Insurance

Ford F100 1993



IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to 8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*.

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

Davis, DaQuan (DNREC)

From: MAR Account Support <MARAccountSupport@hilbgroup.com>
Sent: Monday, December 15, 2025 4:28 PM
To: 'jdmuledeer@yahoo.com'; WHStransporters
Cc: MAR Account Support
Subject: RE: COI for Delaware Solid Waste Authority from Juan E. Diaz (#REF:0DFBE528)
Attachments: COI .PDF

Good afternoon,

Please see attached COI for the above referenced per your request.

If you have any questions or if any changes are needed, please contact account manager Lisa Jenkins at
ljenkins@hilbgroup.com

Thank you!



Jennifer "Jenn" Eason | Junior Support Associate
Office: 304-926-7400 | Fax: 304-926-7433
Email: MARAccountSupport@hilbgroup.com
Website: www.hilbgroupma.com



Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender to arrange for retrieval of the original communication and/or attachment(s). Insurance coverage cannot be bound, nor can any binder, insurance policy, change, addition, and/or deletion to insurance coverage go into effect unless and until confirmed in writing directly with an agent. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2025

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 The Hilb Group of Maryland 3601 MacCorkle Ave, Ste 50 | CONTACT NAME: Lisa Jenkins PHONE (A/C, No, Ext): E-MAIL: ljenkins@hilbgroup.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: Canal Insurance Company INSURER C: Crum & Forster Specialty Ins INSURER D: INSURER E: INSURER F: |
| | |
| Charleston WV 25304 INSURED Juan E Diaz 4304 Berrytown Rd Camden DE 19934 | |

| | | | | | | | | |
|---|---|---|-------------|-------------------------|----------------------------|----------------------------|--|--------------|
| COVERAGES | | CERTIFICATE NUMBER: 25-26 Master | | REVISION NUMBER: | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | CPI7223564 | 09/29/2025 | 09/29/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| B | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY | | | CT38691117392 | 07/31/2025 | 07/31/2026 | MED EXP (Any one person) | \$ 5,000 |
| | SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | SEO-145950 | 09/29/2025 | 09/29/2026 | GENERAL AGGREGATE | \$ 2,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | N/A | | | | 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) Evidence of insurance | | | | | | | | |

| | |
|---|---|
| CERTIFICATE HOLDER Delaware Solid Waste Authority 89 Kings Hwy Dover DE 19901 | CANCELLATION 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)

From: Davis, DaQuan (DNREC) on behalf of WHStrutters
Sent: Friday, December 12, 2025 11:23 AM
To: Juan Diaz
Subject: Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Hello Mr. Diaz,

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 10(d)** - You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability 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
✉ WHStrutters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901
🌐 dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2025

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 | The Hilb Group of Maryland 3601 MacCorkle Ave, Ste 50 | CONTACT NAME: Lisa Jenkins |
| | | PHONE (A/C, No, Ext): |
| INSURED | Charleston Juan E Diaz 4304 Berrytown Rd Camden | ADDRESS: ljenkins@hilbgroup.com |
| | | INSURER(S) AFFORDING COVERAGE |
| INSURER A: | Scottsdale Insurance Company | 41297 |
| INSURER B: | Canal Insurance Company | 10464 |
| INSURER C: | Crum & Forster Specialty Ins | 44520 |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGEs

CERTIFICATE NUMBER: 25-26 Master

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 | ADD'L 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 | | CPI7223564 | 09/29/2025 | 09/29/2026 | 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 | | | | | | |
| B | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | CT38691117392 | 07/31/2025 | 07/31/2026 | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | | | | | | BODILY INJURY (Per person) \$ | |
| | | | | | | BODILY INJURY (Per accident) \$ | |
| | | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | SEO-145950 | 09/29/2025 | 09/29/2026 | EACH OCCURRENCE \$ 1,000,000 | |
| | | | | | | AGGREGATE \$ 1,000,000 | |
| | | | | | | 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)

Evidence of insurance

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Delaware Solid Waste Authority 89 Kings Hwy Dover | 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 |

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