

**RECEIPT**DATE 12/19/25**No.**635825

RECEIVED FROM

Magnus Environmental Corporation**\$** 275.00Two hundred seventy five and 00/100 DOLLARS FOR RENT  
 FORDE-SW-1571

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

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

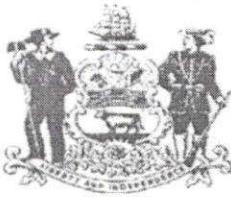
FROM

3362

TO

BY

M.M.



RECEIVED

DEC 19 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- 1571 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 Magnus Environmental Corporation

| Location Address:                    | Mailing Address:                     |
|--------------------------------------|--------------------------------------|
| 220 Marsh Lane, New Castle, DE 19720 | 220 Marsh Lane, New Castle, DE 19720 |
|                                      |                                      |
|                                      |                                      |

Contact: Hugh McCaughey Title: Manager

Business Phone: 302.655.4443 Fax: 302.655.6202

E-mail: magnusenvironmental@msn.com

24 hr Emergency Contact Phone: ██████████

## 4. Company Ownership Information

(a). Please indicate the company type:

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

City: Wilmington State: Delaware Date: 1995  
 Municipality  
 Public institution  
 Limited Liability Corporation (LLC) State: \_\_\_\_\_  
 Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment \_\_\_\_\_

(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 \_\_\_\_\_  
 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) Page 1

Out of state solid waste TSD facilities: (attachment) Page 1

## 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# 605728 MC# N/A

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

## 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<br/>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<br>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"/><br>(For Hire & Private) | \$350,000.00 <input type="checkbox"/>  |
| Scrap Tires Only                              | \$350,000.00   | <input checked="" type="checkbox"/> \$350,000.00 <input checked="" 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 Attchd

## 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 Pg 2

### 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

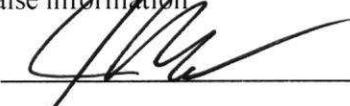
List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the 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

12/14/2025

Print Name John B. Matteo

Title President/Secretary

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

**VEHICLE INFORMATION - See Item 13 of the application.**

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

Magnus does not transport any liquids or chemicals, ever. We only transport used scrap tires, which are inert and do not cause any spillage. Our trucks are enclosed box trucks, so nothing can fly off or spill onto the road. Nonetheless, each driver has constant contact via mobile phone with our offices and has access via mobile phones to the Delaware Emergency Reporting Numbers should any problem arise and we follow the following Plan:

(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

(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). Ensure all tires are secured in the cargo section
- 2). Ensure the cargo door is closed and locked

(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: Hugh McCaughey Phone: 609.413.609.413.2036

(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

(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.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

|   |  |                                       |
|---|--|---------------------------------------|
| <b>PRODUCER</b><br>JMG Insurance Corp<br>P.O. Box 700<br>Norwalk CT 06852                   | <b>CONTACT</b><br><b>NAME:</b> Yesenia Maggio<br><b>PHONE</b><br>(A/C, No, Ext): 203-838-5554<br><b>E-MAIL</b><br>ADDRESS: certs@jmg.com | <b>FAX</b><br>(A/C, No): 203-857-7848 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                       |
| <b>INSURED</b><br>Magnus Environmental Corporation<br>220 Marsh Lane<br>New Castle DE 19720 | INSURER A : Preferred Professional Insurance Company   |                                       |
|   | INSURER B : GuideOne Insurance Company   |                                       |
|   | INSURER C :  |                                       |
|   | INSURER D :  |                                       |
|   | INSURER E :  |                                       |
|   | INSURER F :  |                                       |
|   |  | <b>NAIC #</b>                         |
|   |  | 36234                                 |
|   |  | 15032                                 |
| MAGNENV-01  |  |                                       |

## COVERAGES

CERTIFICATE NUMBER: 2068439072

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**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<br>LTR   | TYPE OF INSURANCE  |   | ADDL SUBR<br>INSD WVD | NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)          | LIMITS                      |       |   |  |              |
|---|--|---|-----------------------|--------|----------------------------|-------------------------------------|-----------------------------|-------|---|--|--------------|
|   |  |   |                       |        |                            |                                     |                             |       |   |  |              |
| B   | X  | COMMERCIAL GENERAL LIABILITY                          |                       |        | 5/22/2025                  | 5/22/2026                           | EACH OCCURRENCE             |       | \$ 1,000,000                              |  |              |
|   |  | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                       |        |                            |                                     |                             |       | 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 |
|   |  |   |                       |        |                            |                                     |                             |       |   |  | \$           |
|   |  |   |                       |        |                            |                                     |                             |       |   |  | \$           |
|   |  |   |                       |        |                            |                                     |                             |       |   |  | \$           |
|   |  |   |                       |        |                            |                                     |                             |       |   |  | \$           |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |   |                       |        |                            | COMBINED SINGLE LIMIT (Ea accident) |                             | \$    |   |  |              |
| POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC |  |   |                       |        |                            | BODILY INJURY (Per person)          |                             | \$    |   |  |              |
| OTHER:  |  |   |                       |        |                            | BODILY INJURY (Per accident)        |                             | \$    |   |  |              |
| AUTOMOBILE LIABILITY  |  |   |                       |        |                            | PROPERTY DAMAGE (Per accident)      |                             | \$    |   |  |              |
| ANY AUTO  |  |   |                       |        |                            |                                     |                             | \$    |   |  |              |
| OWNED AUTOS ONLY  |  | SCHEDULED AUTOS                                       |                       |        |                            |                                     |                             | \$    |   |  |              |
| HIRED AUTOS ONLY  |  | NON-OWNED AUTOS ONLY                                  |                       |        |                            |                                     |                             | \$    |   |  |              |
| UMBRELLA LIAB   |  | OCCUR   |                       |        |                            | EACH OCCURRENCE                     |                             | \$    |   |  |              |
| EXCESS LIAB   |  | CLAIMS-MADE   |                       |        |                            | AGGREGATE                           |                             | \$    |   |  |              |
| DED <input type="checkbox"/> RETENTION \$                                 |  |   |                       |        |                            |                                     |                             | \$    |   |  |              |
| A   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                      |   | Y/N<br>N/A            |        | 12/27/2025                 | 12/27/2026                          | PER STATUTE                 | OTHR- |   |  |              |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> |   |                       |        |                            |                                     | E.L. EACH ACCIDENT          |       | \$ 1,000,000                              |  |              |
|   | (Mandatory in NH)  |   |                       |        |                            |                                     | E.L. DISEASE - EA EMPLOYEE  |       | \$ 1,000,000                              |  |              |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                          |   |                       |        |                            |                                     | E.L. DISEASE - POLICY LIMIT |       | \$ 1,000,000                              |  |              |
|   |  |   |                       |        |                            |                                     |                             |       |   |  |              |
|   |  |   |                       |        |                            |                                     |                             |       |   |  |              |

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 and  
Environmental Control  
Compliance and 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**

John O. Tolino



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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<br><b>State Farm</b><br>  | Chuck Montgomery<br>384 East Main Street<br><br>Middletown DE 19709 | CONTACT<br>NAME: Chuck Montgomery   |                 |
|  |   | PHONE (A/C, No., Ext): 302-449-0001 | FAX (A/C, No.): |
| INSURED<br><br>MAGNUS ENVIRONMENTAL CORPORATION<br>220 MARSH LN<br><br>NEW CASTLE DE 197201175 | E-MAIL<br>ADDRESS: chuck.montgomery.hk9l@statefarm.com              |                                     |                 |
|  | INSURER(S) AFFORDING COVERAGE                                       |                                     | NAIC #          |
|  | INSURER A: State Farm Fire and Casualty Company                     |                                     | 25143           |
|  | 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   | ADD INSD | SUB WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |              |    |
|----------|---|----------|---------|---------------|-------------------------|-------------------------|--|--------------|----|
|          | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br>OTHER: |          |         |               |                         |                         | EACH OCCURRENCE                              | \$           |    |
|          |   |          |         |               |                         |                         | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$           |    |
|          |   |          |         |               |                         |                         | MED EXP (Any one person)                     | \$           |    |
|          |   |          |         |               |                         |                         | PERSONAL & ADV INJURY                        | \$           |    |
|          |   |          |         |               |                         |                         | GENERAL AGGREGATE                            | \$           |    |
|          |   |          |         |               |                         |                         | PRODUCTS - COMP/OP AGG                       | \$           |    |
|          |   |          |         |               |                         |                         |  | \$           |    |
| A        | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                  | N        |         |               | 10/26/2025              | 04/26/2026              | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$           |    |
|          |   |          |         |               |                         |                         | BODILY INJURY (Per person)                   | \$ 1,000,000 |    |
|          |   |          |         |               |                         |                         | BODILY INJURY (Per accident)                 | \$ 1,000,000 |    |
|          |   |          |         |               |                         |                         | PROPERTY DAMAGE<br>(Per accident)            | \$ 100,000   |    |
|          |   |          |         |               |                         |                         |  | \$           |    |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |          |         |               |                         |                         | EACH OCCURRENCE                              | \$           |    |
|          | DED <input type="checkbox"/> RETENTION \$   |          |         |               |                         |                         | AGGREGATE                                    | \$           |    |
|          |   |          |         |               |                         |                         |  | \$           |    |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N   | N / A    |         |               |                         |                         | PER STATUTE                                  | OTH-<br>ER   | \$ |
|          | (Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |          |         |               |                         |                         | 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 DNREC Compliance and Permitting Section<br>89 Kings Highway<br><br>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<br>  |  |

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2025

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<br><b>State Farm</b><br> | Chuck Montgomery<br>384 East Main Street<br><br>Middletown DE 19709 | CONTACT NAME: Chuck Montgomery                      |                |
|                                   |   | PHONE (A/C, No, Ext): 302-449-0001                  | FAX (A/C, No): |
|                                   |   | E-MAIL ADDRESS: chuck.montgomery.hk9l@statefarm.com |                |
|                                   |   | INSURER(S) AFFORDING COVERAGE                       | NAIC #         |
|                                   |   | INSURER A: State Farm Fire and Casualty Company     | 25143          |
| INSURED                           |   | 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  | ADD INSD | SUB WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |            |    |
|----------|--|----------|---------|---------------|-------------------------|-------------------------|--|------------|----|
|          | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR   |          |         |               |                         |                         | EACH OCCURRENCE                              | \$         |    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br>POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC  |          |         |               |                         |                         | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$         |    |
|          | OTHER:   |          |         |               |                         |                         | MED EXP (Any one person)                     | \$         |    |
|          | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | N        | N       |               | 10/26/2025              | 04/26/2026              | PERSONAL & ADV INJURY                        | \$         |    |
| A        | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |          |         |               |                         |                         | GENERAL AGGREGATE                            | \$         |    |
|          | DED <input type="checkbox"/> RETENTION \$  |          |         |               |                         |                         | PRODUCTS - COMP/OP AGG                       | \$         |    |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below | N / A    |         |               |                         |                         | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$         |    |
|          |  |          |         |               |                         |                         | BODILY INJURY (Per person)                   | \$ 100,000 |    |
|          |  |          |         |               |                         |                         | BODILY INJURY (Per accident)                 | \$ 300,000 |    |
|          |  |          |         |               |                         |                         | PROPERTY DAMAGE<br>(Per accident)            | \$ 100,000 |    |
|          |  |          |         |               |                         |                         |  | \$         |    |
|          |  |          |         |               |                         |                         | EACH OCCURRENCE                              | \$         |    |
|          |  |          |         |               |                         |                         | AGGREGATE                                    | \$         |    |
|          |  |          |         |               |                         |                         |  | \$         |    |
|          |  |          |         |               |                         |                         | PER STATUTE                                  | OTH-<br>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

|  |  |  |
|--|--|--|
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|  | AUTHORIZED REPRESENTATIVE<br>  |  |
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**4 (b). Company Ownership Information**

| NAME                       | TITLE               | OWNERSHIP |
|----------------------------|---------------------|-----------|
| John B. Matteo             | President           | 25        |
| George W. Matteo, Jr.      | Board Member        | 25        |
| Christopher J. Matteo, Sr. | Secretary/Treasurer | 25        |
| Gregory J. Matteo          | Board Member        | 25        |

**5. Company Locations in Delaware**

Magnus Environmental Corporation  
220 Marsh Lane  
New Castle, Delaware 19720

**8. (b) Treatment, Storage, & Disposal Facilities**

1. Emanuel Tire  
1304 Conshohocken Rd  
Conshohocken, PA 19428

2.. Waste Management  
246 Marsh Lane  
New Castle, DE 19720

3. Scrap Tire Solutions  
195 Hay Road  
Edgemoor, DE 19809

**9. Other Transporter Permits from Other States (Attached)**

Maryland Scrap Tire Hauler Permit 2021-RTH-08085  
Pennsylvania Waste Hauler Permit WTT0204

**9. (c) Per the Federal DOT, a MC# is no longer needed.****10. Proof of Financial Responsibility**  
Insurance Certificates attached

**12. Driver Training**

Magnus has had drivers on the road for thirty (30) years.

Magnus reviews resumés and checks all references on each driver at their place of former employment. We take into consideration their years of driving experience and of course, check their driving records with the Motor Vehicle Commission. All drivers must have the proper valid licenses and certified medical clearance certificates from the MVC. For any other questions about procedures or requirements, we work closely with and consult Trans Services.

Each driver, for the first week, rides with an existing driver to learn routes and procedures. Each driver is required to do an inspection of their vehicle and trailer every day before leaving the yard, and our factory manager makes certain the inspections are done. Our factory manager also inspects the cabs of each vehicle to make sure no distracting or hindering objects are located inside the cab.

Driver's performance is reviewed monthly, with our factory manager pointing out any problems and giving instructions on how to rectify them. Any repeated offenses against company policy, or repeated problems at customers' locations, and the driver is given a warning. Three repeated incidents or problems result in termination.

**14. Vehicle Operator Information**

| Driver Name | Date of Birth | Delaware Drivers License Number |
|-------------|---------------|---------------------------------|
| [REDACTED]  | [REDACTED]    | [REDACTED]                      |

2500FM-LRNK081 Rev. 10/2002 PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
WASTE TIRE TRANSPORTER AUTHORIZATION

|  |                 |               |
|--|-----------------|---------------|
| WTT0204  | 03/31/2026      | 2             |
| AUTHORIZATION NO.  | EXPIRATION DATE | NO. OF COPIES |
| -VOID UNLESS VALIDATED   |                 |               |
| VALIDATED<br>03/03/2025  |                 |               |
| <b>NAME &amp; ADDRESS</b><br><b>MAGNUS ENVIRONMENTAL CORPORATION</b><br><b>220 MARSH LN</b><br><b>NEW CASTLE DE 19720-1175</b> |                 |               |
| <b>BUSINESS PHONE NO.</b><br><b>302-655-4443</b>   |                 |               |
| SEE REVERSE FOR ADDITIONAL CONDITIONS -  |                 |               |

 pennsylvania  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

## MARYLAND DEPARTMENT OF THE ENVIRONMENT



Larry Hogan  
Governor

Land and Materials Administration • Resource Management Program  
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719  
410-537-3314 • 800-633-6101 x3314 • [www.mde.maryland.gov](http://www.mde.maryland.gov)



Ben Grumbles  
Secretary

### Scrap Tire Hauler License

Number: 2021-RTH-08085

**ISSUE DATE:** September 22, 2021

**EXPIRATION DATE:** September 21, 2026

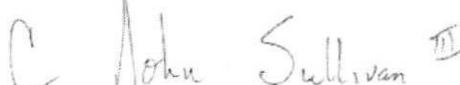
**IDENTIFICATION NUMBER:** 21H08085

**Issued to:** Magnus Environmental Corporation

**At:** 220 Marsh Lane, New Castle, New Castle County, DE 19720

**Authorizing:** The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of August 24, 2021.

*This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.*



C. John Sullivan, III, Program Manager  
Resource Management Program