

RECEIPT

DATE

12/16/25

No.

635820

RECEIVED FROM

Homeworkers Demolition

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

New DF-SW-2179

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

22402

TO

BY

M.M.



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

RECEIVED
DEC 16 2025
DNREC - WHS

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 Homewreckers Demolition

| | |
|---|------------------|
| Location Address: | Mailing Address: |
| <u>34045 Race Bridge Rd</u> <u>Parsonsburg, Md 21849</u> | <u>Same</u> |
| | |
| | |

Contact: Gina Gabell Title: Owner

Business Phone: 443-397-5607 Fax: _____

E-mail: Homewreckerdemolllc@gmail.com

24 hr Emergency Contact Phone: 443-397-5607

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: MD
☐ 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) _____
 - ☐ 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# N/A 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.

Hauling Waste from Customer location to disposal site.
Items Placed in our dumpster becomes our property
Intrastate only

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 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.

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

Driver Training, attachment _____

Grant & Gern both 10+ yrs driving with trailers, great driving records with no points, both receive annual DOT Physicals. Understand S.W. Permit requirements

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 — Gina & Grant Gabell

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 Gina Gabell Date 12-09-25

Print Name Gina Gabell Title Owner

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

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

[illegible]

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- 1). Reflectors and/or flares
- 2). Fire extinguisher
- 3). First aid kit
- 4). Heavy-duty gloves, hard hat
- 5). Flashlight
- 6). *Stay Dry*

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1). *Dot Pretrip*
- 2). *Dot Post 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: *Gina Gabell*

Phone: *443-397-3607*

(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.

Davis, DaQuan (DNREC)

From: Gina Gabell <homewreckerdemollc@gmail.com>
Sent: Wednesday, December 10, 2025 9:15 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: Declaration Page.pdf

Here is a copy of vehicle insurance coverages

On Wed, Dec 10, 2025 at 9:08 AM Gina Gabell <homewreckerdemollc@gmail.com> wrote:
I don't have any company vehicles. Everything is titled and registered to me personally not the buisness.

On Wed, Dec 10, 2025 at 9:04 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello, does this insurance policy cover your company vehicles?



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Gina Gabell <homewreckerdemolc@gmail.com>
Sent: Wednesday, December 10, 2025 8:58 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Here is my insurance. I will be mailing everything else in along with a check

On Wed, Dec 10, 2025 at 8:45 AM WHStranporters <WHStranporters@delaware.gov> wrote:



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Gina Gabell <homewreckerdemolc@gmail.com>
Sent: Monday, December 8, 2025 11:04 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Can you forward me a blank file? The one you sent a different company filled out already.

On Fri, Dec 5, 2025 at 2:39 PM Gina Gabell <homewreckerdemolc@gmail.com> wrote:

I beleive you sent me someone else's pdf file

On Fri, Dec 5, 2025 at 2:38 PM WHStranporters <WHStranporters@delaware.gov> wrote:



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 daquan.davis@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov





Tel: 1-800-841-3000

Declarations Page

This is a description of your coverage.
Please retain for your records.

GEICO Secure Insurance Company
One GEICO Boulevard
Fredericksburg, VA 22412-0003

Coverage Period:

01-28-26 through 07-28-26

12:01 a.m. local time at the address of the named insured.

Date Issued: December 6, 2025

GRANT H GABELL AND GINA M
GABELL
34045 RACE BRIDGE RD
PARSONSBURG MD 21849

Email Address: Straightshottowing@yahoo.com

Named Insured

Grant Hunter Gabell
Gina Marie Gabell

Additional Drivers

None

| <u>Vehicles</u> | <u>VIN</u> | <u>Vehicle Location</u> | <u>Finance Company/ Lienholder</u> |
|------------------------|-------------------|-------------------------|--|
| 1 2022 Ford Expedition | 1FMJK2AT5NEA62373 | PARSONSBURG MD 21849 | Ford Motor Credit Company |
| 2 2011 Ford F-250 | 1FT7W2BT2BEA92928 | PARSONSBURG MD 21849 | |
| 3 2022 Ford F-350 | 1FT8W3DT1NEE14809 | PARSONSBURG MD 21849 | |

| <u>Coverages*</u> | <u>Limits and/or Deductibles</u> | <u>Vehicle 1</u> | <u>Vehicle 2</u> | <u>Vehicle 3</u> |
|--|----------------------------------|------------------|------------------|------------------|
| Bodily Injury Liability Each Person/Each Occurrence | \$30,000/\$60,000 | \$80.35 | \$101.44 | \$87.87 |
| Property Damage Liability | \$25,000 | \$144.76 | \$174.21 | \$149.40 |
| Personal Injury Protection | Option A | \$3.86 | \$4.93 | \$4.22 |
| Uninsured Motorists Bodily Injury Each Person/Each Occurrence | \$30,000/\$60,000 | \$15.17 | \$12.84 | \$15.17 |
| Uninsured Motorist Property Damage - Less \$250 Ded | \$25,000 | \$4.94 | \$2.71 | \$4.94 |
| Comprehensive (Excluding Collision) | \$250 Ded | - | \$187.58 | - |
| | \$1,000 Ded | \$205.85 | - | \$153.34 |
| Collision | \$1,000 Ded | \$240.01 | - | \$201.59 |

T-D

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Continued on Back

Renewal Page 9 of 60

| <u>Coverages*</u> | <u>Limits and/or Deductibles</u> | <u>Vehicle 1</u> | <u>Vehicle 2</u> | <u>Vehicle 3</u> |
|--------------------------------------|----------------------------------|------------------|------------------|-------------------|
| Emergency Road Service | ERS FULL | - | - | \$6.36 |
| | ERS COMP | - | \$20.52 | - |
| Rental Reimbursement | \$75 Per Day \$2,250 Max | - | - | \$36.07 |
| Six Month Premium Per Vehicle | | \$694.94 | \$504.23 | \$658.96 |
| Total Six Month Premium | | | | \$1,858.13 |

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts

The total value of your discounts is **\$1,207.87**

| | |
|--------------------------|----------|
| Anti-Theft | \$28.77 |
| Good Driver | \$100.34 |
| Driving Experience | \$790.79 |
| Multi-Vehicle | \$287.97 |

The following discounts have also been applied

| | |
|--------------------------------|----------|
| Financial Responsibility | Included |
|--------------------------------|----------|

Contract Type: FAMILY AUTO

Contract Amendments: ALL VEHICLES - A30MDG(04-25) SIGPGCW(07-20)

Unit Endorsements: UE316(02-16) (VEH 1)

Important Policy Information

- If you fail to make a renewal payment as indicated on the bill, or otherwise maintain insurance on your motor vehicles, the Motor Vehicle Administration (MVA) will assess your penalties and require you to surrender the vehicle registration. Failure to surrender the registration may result in suspension of current and future registration privileges. The registration plates must be returned to the MVA on or before the date the insurance policy expires or is cancelled. Failure to return the registration plates may result in an Uninsured Motorist penalty fine which is assessed by the state of Maryland at a rate of \$200 for the first 30 days and is increased by \$7 each day thereafter until the insurance is replaced or the registration plates are returned. The Uninsured Motorist penalty fine is assessed per vehicle.
- We use occupation and education in underwriting and show the following for Grant Gabell Auto Mechanic or Serviceman High School / Gina GABELL Homemaker High School. Please contact us if this is not correct.
- If you have not already taken advantage of our Recurring Credit Card or Electronic Funds Transfer (EFT) programs, please visit geico.com or call 1-800-932-8872 to enroll in either program.

Important Policy Information

- Active Duty, Guard, Reserve or Retired Military: Call 1-800-MILITARY to see if you qualify for the Military Discount.
- A credit or discount has been applied to this policy: Financial Responsibility.
- We have a new rating program available. If you're interested in learning more, inquire at 1-866-422-0360.
- Subject to the policy carrying Comprehensive and/or Collision Coverage, if a **non-owned auto** or **temporary substitute auto**, in operation while leased or rented for a fee, has a Manufacturer Suggested Retail Price above \$100,000, the limits of liability for **loss** to the **non-owned auto** or **temporary substitute auto** is the highest of the **actual cash value** of any **owned auto** shown on the **Declarations page**.
- A fee for the recoupment of the Maryland Auto Insurance Fund (MAIF) assessment for 2024 has been added to the policy in accordance with Md. Ins. Code Ann. §20-408.
- Confirmation of coverage has been sent to your lienholder and/or additional insured.
- Claims incurred while an insured vehicle is being used to carry passengers for hire may not be covered by this contract. Please review the contract for a full list of exclusions and contact us if you plan to use any of your insured vehicles for this purpose.
- At your request, we will review your policy, which includes your savings and coverages. This review may also include evaluating major life changes, available discounts, driver safety courses and your credit-based insurance score.
- Maryland law prohibits an insurer from placing a policy into a higher premium class tier, imposing a surcharge, or removing or reducing a discount for a claim or payment made under Personal Injury Protection Coverage.
- Please Note: No coverage will be in effect if the initial premium payment is not honored by your financial institution.
- Please call our toll free number 1-800-841-3000 and provide us with the LIENHOLDERS name and address for your 2022 FORD.
- The policy excludes coverage for providing transportation network services. Please review the contract for a full list of exclusions.
- Please review the list of drivers on this **Declarations Page** to ensure that it is a complete and accurate list of all drivers of your vehicles and all drivers of motor vehicles residing in your household, including any driver who is a dual resident of both your household and another household. Notify us immediately if you believe that it is incorrect. Coverage may be reduced or excluded when an **owned auto** or **non-owned auto** is being operated by a driver who, at the time of the loss or accident, was residing in your household unless the driver was disclosed to the Company as a driver and listed in the **Additional Drivers** section on the **Declarations Page** before the loss or accident. Furthermore, you have a duty to inform the Company within 30 days when (a) a driver of motor vehicles begins residing in your household, including any driver who is a dual resident of both your household and another household or (b) a person residing in your household becomes licensed to drive motor vehicles.

Davis, DaQuan (DNREC)

From: Gina Gabell <homewreckerdemollc@gmail.com>
Sent: Monday, December 22, 2025 12:18 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: Insurance .pdf

Here is my insurance requested

On Thu, Dec 18, 2025 at 9:05 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

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

- **Section 10**-You did not submit a certificate of insurance. Please provide this certificate and ensure that you have the correct amount of automobile liability insurance, with a combined limit of \$350,000. Additionally, please include the following address in the Certificate Holder section: Department of Natural Resources and Environmental Control, [89 Kings Highway SW, Dover, DE 19901](#).

Please provide the information requested above via e-mail within seven (7) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



Davis, DaQuan (DNREC)

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Please provide the information requested above via e-mail within seven (7) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|--------------------------|
| PRODUCER Avery W. Hall Insurance Agency, Inc 308 E MAIN ST, SALISBURY, MD 21801 | CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing | |
| | PHONE (A/C, No, Ext): 1-800-444-4487 | FAX (A/C, No): |
| | E-MAIL ADDRESS: progressivecommercial@email.progressive.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Progressive Casualty Insurance Company | 24260 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

INSURED
Grant Gabell
34045 Race Bridge Rd
Parsonsburg, MD 21849

COVERAGES

CERTIFICATE NUMBER: 485667088219644873D122225T171304

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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | N | N | | 12/22/2025 | 12/22/2026 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | See ACORD 101 for additional coverage details. | N | N | | 12/22/2025 | 12/22/2026 | \$ |

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

CERTIFICATE HOLDER

Department of Natural Resources and
Environmental Control
89 Kings Highway SW
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

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

| | | | |
|--|---------------------------|---|--|
| AGENCY Avery W. Hall Insurance Agency, Inc | | NAMED INSURED Grant Gabell 34045 Race Bridge Rd Parsonsburg, MD 21849 | |
| POLICY NUMBER [REDACTED] | | | |
| CARRIER Progressive Casualty Insurance Company | NAIC CODE 24260 | EFFECTIVE DATE: 12/22/2025 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

| Insurance coverage(s) | Limits |
|------------------------------------|-----------------------------------|
| Personal Injury Protection | \$2,500 |
| Uninsured/Underinsured Motorist | \$1,000,000 Combined Single Limit |
| Uninsured Motorist Property Damage | \$1,000,000 w/\$250 Ded |

Description of Location/Vehicles/Special Items

| Scheduled autos only | |
|----------------------------------|-------------|
| 2022 FORD F350 1FT8W3DT1NEE14809 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |