

**RECEIPT**

DATE

12/19/25

No.

635826

RECEIVED FROM

Trash Panda LLC

\$ 350.00

 FOR RENT  
 FOR

New DE-SW-3180

DOLLARS

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

1012

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- \_\_\_\_\_ 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 Trash Panda LLC

Location Address:	Mailing Address:
416 Charring Cross Drive, Dover DE 19904	416 Charring Cross Drive, Dover DE 19904

Contact: J Adam Humphries Title: President

Business Phone: 302-943-0193 Fax: N/A

E-mail: trashpanda.de@gmail.com

24 hr Emergency Contact Phone: 302-943-0193

**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: Delaware  
 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 N/A, DE

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# 4508279 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.

Intrastate only, no MC required

## 10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

(a). Are you for-hire in interstate commerce?  Yes  No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)

(b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No

(c). Do you transport Interstate?  Yes  No

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

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

### 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

Note: Owners are the only drivers, income is  
Schedule C on personal tax returns

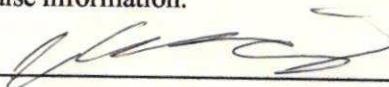
### 15. Environmental Record

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 12/15/2025  
Print Name John Humphres Title President

**\*\*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

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). Tire Pressure
  - 2). Lights
- (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: John Humphries      Phone: 302-943-0193
- (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.

# Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



**Trash Panda LLC**



Form A022 (03/11)

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**

Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**INSURANCE IDENTIFICATION CARD - Delaware**

**Policy Number:** 865812681      **NAIC Number:** 11770  
**Effective Date:** 11/15/2025      **Expiration Date:** 11/15/2026  
**Policy Type:** Commercial  
**Insurer:** United Financial Casualty Company 1-800-444-4487  
PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**

Trash Panda LLC  
**Your Agent:**  
GOOSEHEAD INS AG LLC 1-800-474-1377  
1500 SOLANA BLVD 4500  
WESTLAKE, TX 76262

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>
2011	FORD	F250	1FT7X2BT5BEC74023

**Delaware law requires an ID card to register a vehicle or obtain new tags, and to serve as evidence of insurance when requested by law enforcement authorities.**

**The ID card must be carried in the vehicle at all times**

**PROGRESSIVE**

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

# Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



**Trash Panda LLC**



Form A022 (03/11)

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PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**

Trash Panda LLC

**Your Agent:**

GOOSEHEAD INS AG LLC 1-800-474-1377  
1500 SOLANA BLVD 4500

WESTLAKE, TX 76262

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>
2015	FORD	F250	1FDBF2A66FED19609

**Delaware law requires an ID card to register a vehicle or obtain new tags, and to serve as evidence of insurance when requested by law enforcement authorities.**

**The ID card must be carried in the vehicle at all times**

**PROGRESSIVE**

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

DNREC Solid Waste Transport Permit Application Additional Info  
Trash Panda LLC  
302-943-0193  
416 Charring Cross Drive Dover DE 19904

4. Company Ownership Information

John Adam Humphries IV - President - 416 Charring Cross Drive Dover DE 19904 - [REDACTED]  
- 50% ownership

Benjamin Edward Humphries - President - 416 Charring Cross Drive Dover DE 19904 -  
[REDACTED] - 50% ownership

5. Delaware Locations - Headquarters - 416 Charring Cross Drive Dover DE 19904

12. Driver Training - Owner Operated - John Humphries has held a Class C Drivers License since 2012. License # DE1777185. Prior to co-founding Trash Panda, John has been in the residential remodeling industry for over 10 years and has extensive experience in hauling C&D solid waste

# STATE OF DELAWARE

## Department of Finance Division of Revenue

### TEMPORARY BUSINESS LICENSE

10005195985

EFFECTIVE

07/25/2025 - 09/23/2025

ISSUED TO

TRASH PANDA LLC  
WASTE MANAGEMENT  
416 CHARRING CROSS DR  
DOVER DE 19904-9784

LOCATION

WASTE MANAGEMENT  
416 CHARRING CROSS DR  
DOVER, DE 19904-9784

TRADE, BUSINESS, OR  
PROFESSIONAL ACTIVITY

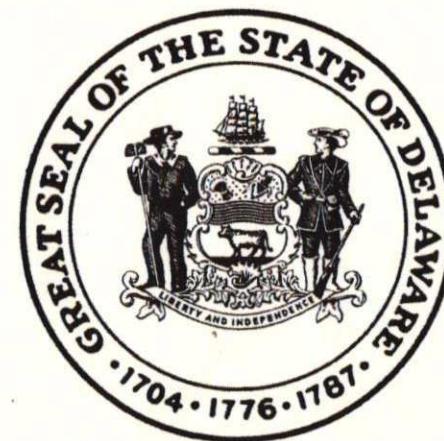
GENERAL SERVICES

ISSUED: 07/25/2025

FEE PAID: \$37.50

Is hereby licensed to practice, conduct, or engage in the  
occupation or business activity indicated above in  
accordance with the license application duly filed  
pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE



2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2025

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	CONTACT NAME: Will Roberts	FAX (A/C, No.):
	PHONE (A/C, No. Ext): 302.229.0474	
The Roberts Insurance Agency LLC 4164 N Dupont Hwy Ste 10 Dover, DE 19901	E-MAIL: willforcommercial@gmail.com	ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
INSURER A: Crum & Forster Specialty Insurance Company		NAIC #
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'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	BAS-61483-1	08/08/2025	08/08/2026	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	OTHER:				MED EXP (Any one person) \$ 5,000	
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				PERSONAL & ADV INJURY \$ 1,000,000	
	UMBRELLA LIAB  EXCESS LIAB				GENERAL AGGREGATE \$ 2,000,000	
DED RETENTION \$	PRODUCTS - COMP/OP AGG \$ 2,000,000					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  \$					
EXCESS LIAB	EACH OCCURRENCE \$  AGGREGATE \$  \$					
DED RETENTION \$	PER STATUTE \$  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	
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	



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PRODUCER  GOOSEHEAD INS AG LLC 1500 SOLANA BLVD 4500, WESTLAKE, TX 76262	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 : United Financial Casualty Company	11770
	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 779656657305152307D121925T154500

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	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	N	865812681	11/15/2025	11/15/2026	EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	AUTOMOBILE LIABILITY						MED EXP (Any one person)	\$
	ANY AUTO						PERSONAL & ADV INJURY	\$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						GENERAL AGGREGATE	\$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG	\$
	UMBRELLA LIAB							\$
	EXCESS LIAB						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
	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
See ACORD 101 for additional coverage details.			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

State of Delaware DNREC Division of Waste & Hazardous Substances 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  



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

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AGENCY GOOSEHEAD INS AG LLC	NAMED INSURED Trash Panda LLC 416 CHARRING CROSS DR Dover, DE 19904	
POLICY NUMBER 865812681		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 11/15/2025

### 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/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2011 FORD F250 1FT7X2BT5BEC74023	
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
2015 FORD F250 1FDBF2A66FED19609	
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

### Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

## 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.