

# RECEIPT

DATE

12/22/25

No.

635829

RECEIVED FROM

Aftermath Services LLL

\$

950.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1438

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

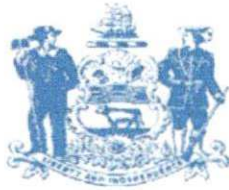
FROM

40179

TO

BY

M.M.



RECEIVED

DEC 22 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- 1438 Expiration Date 3/31/2026

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 Aftermath Services LLC

|                   |                  |
|-------------------|------------------|
| Location Address: | Mailing Address: |
|                   | 75 Executive Dr. |
|                   | Suite 200        |
|                   | Aurora, IL 60504 |

Contact: Michael J. Vena Title: Sr. Manager EHS & Compliance

Business Phone: 630-423-4256 Fax: \_\_\_\_\_

E-mail: compliance@aftermath.com

24 hr Emergency Contact Phone [REDACTED]

**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: IL/DE  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment List of Office

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☒ Attachment Ownership in  
☐ 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 Affiliates   
☐ 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) TSD Facilities

## 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 PIMW 9038-
- ☐ 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 Other License
- ☐ No transporter permits in other states

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

DOT# 1407143 MC# \_\_\_\_\_

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

## 10. Proof of Financial Responsibility

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

- (a). Are you for-hire in interstate commerce? ☒ Yes ☐ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

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

|   | FOR-HIRE<br>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<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 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 Spill Re

#### 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 F104 Drivi



### 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

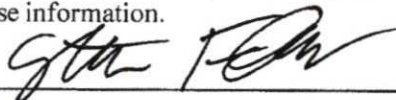
List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the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

☐ 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 12/9/2025

Print Name Steve Ford Title President

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

## 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.



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).
- (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).
  - 2).
- (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: \_\_\_\_\_ Phone: \_\_\_\_\_
- (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.

**Environmental Record**

In the Matter of Violations of Article 27 of the Environmental Conservation Law and Part 360, et seq., of Title 6 of the Official Compilation of Codes, Rules and Regulations of the State of New York

Case No. COS-20241118-77

Respondent operates a Solid Waste facility without a Solid Waste Permit, in violation of 6 NYC RR §360.9(a)(1 ), (b)(2)(i), (b)(4) and 365-2.4 and ECL §27- 0707;

Respondent violated 6 NYCRR Part 364-4.1 (a) "Failure to obtain a permit before transporting regulated waste".

A fine was levied for \$95,310 from the New York State Department of Environmental Conservation in July of 2025.

### **Aftermath's Driving Policy**

All Field Employees are assigned to driving duties ("drivers") and must at all times meet the following criteria:

- Drivers must maintain a current, valid driver's license for the state in which the employee primarily performs their driving duties at all times; and
- Drivers must maintain a clean driving record in order to remain insurable under our company's liability insurance policy.

Any employee driving a Company vehicle or driving on Company business must observe all safety, traffic, and criminal laws of this state; any traffic violations will be kept in the employee's personnel file and may result in disciplinary action, up to and including termination. Aftermath is not responsible for any traffic, parking, speeding, or other moving violation tickets received while an employee is driving an Aftermath vehicle or in the scope of employment.

Spotters are a proven method of protecting employees and vehicles from accidents. Whenever a company vehicle goes in reverse, a team member must be assigned as the Spotter. The Driver and Spotter agree on hand signals before backing up. Placing themselves behind the vehicle, the Spotter should always maintain visual contact with the Driver. If the Driver loses sight of the Spotter, they should immediately stop backing up. Spotters must not use any personal mobile devices or other items which could post a distraction during spotting activities.

No driver may consume alcohol or illegal drugs while driving a Company vehicle, while on Company business, while riding in a Company vehicle, or prior to the employee's shift. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. Any employee required to take prescription medications for a medical issue that could impair their ability to drive must notify his or her supervisor immediately.

No driver nor occupant may carry a firearm onto a Company vehicle. The Company vehicle is a "weapons free zone", even to those with a Concealed Carry License.

No driver may pick up or transport non-employees while in a Company vehicle or on Company business, unless there is a work-related need to do so. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited. Company vehicles may not be used for any personal purpose whatsoever unless permission is granted in advance from a member of corporate management. There is to be no smoking whatsoever in a company vehicle. Company vehicles must always be parked at a corporate warehouse or facility when not in use; they may not be parked at an employee's home without written advance permission from a member of corporate management.

No driver may use any hand-held device, including but not limited to cell phones, when operating a Company vehicle. This includes but is not limited to placing phone calls, speaking on the phone, texting, using any data feature, using any phone application, or performing any other function with a hand-held device that would distract a driver or require him/her to take his eyes off the road and/or both hands off the steering wheel. Anything a driver does in connection with the operation of motor vehicles, whether they are company vehicles or personal vehicles, can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, circumstance, on- or off-duty status, time, or place, any driver who receives



a traffic citation from or is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform his/her supervisor about the incident immediately or as soon as possible thereafter. Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with such an incident must be reported immediately to the employee's direct supervisor or regional manager. Again, Aftermath will not pay any penalty, fine, imprisonment bail, fee, or any other monetary punishment issued due to an employee's moving violation. In both of the above situations, the matter will be reported to the Company's insurance carrier so that a prompt decision on continued coverage of the employee can be made. The driver involved in an accident or cited by a law enforcement official for violating a motor vehicle law must turn over any documentation relating to such incident as soon as possible to the employer, and must cooperate fully with the employer in verifying the information with other parties involved and with law enforcement authorities. While parking tickets will not affect a driver's insurability, any parking ticket issued on a vehicle that is being used for company business should be reported to an appropriate supervisor at the earliest possible opportunity.

Any accident involving a company vehicle must be reported immediately to the employee's supervisor and regional manager using the Aftermath Vehicle Accident Report. This Report may be obtained from the Aftermath Portal, Central Operations or the Safety & Compliance Department.

Any employee who violates any part of this policy, or who becomes uninsurable as a driver, will be subject to reassignment and/or disciplinary action, up to and possibly including termination from employment.

I acknowledge that I have received, read, and understand Aftermath Service's Driving Policy. I understand that I am expected to abide by and be bound by the rules, provisions and standards set forth in Aftermath's Driving Policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Printed Name: \_\_\_\_\_

Aftermath Services LLC

75 Executive Dr.

Suite 200

Aurora, IL 60504

Corporate Officers

Steve Ford – President [REDACTED]

Mailing address:

75 Executive Drive, Suite 200

Aurora, IL 60504

Bryan Warcholek – Director, Operations Support [REDACTED]

Mailing address:

75 Executive Drive, Suite 200

Aurora, IL 60504



| State | Shop             | Type/Name   | Issuing Agency   | ID #            |
|-------|------------------|---|--|-----------------|
| AL    | Birmingham AL    | Medical Waste Transporter                           | ADEM   | TRN 050422-3712 |
| AR    | Little Rock AR   | Commercial Medical Waste Transporter Permit         | Arkansas Dept. of Health                                 | ADH13.827209    |
| AR    | Springdale AR    | Commercial Medical Waste Transporter Permit         | Arkansas Dept. of Health                                 | ADH13.827209    |
| AZ    | Statewide        | Regulated Medical Waste Transport                   | ADEQ   | 80400           |
| AZ    | Phoenix AZ       | Medical Waste Hauler Permit                         | Maricopa County Environmental Serv.                      | MV-23-0028      |
| AZ    | Tucson AZ        | Medical Waste Hauler Permit                         | Maricopa County Environmental Serv.                      | MV-23-0011      |
| AZ    | Tucson AZ        | Medical Waste Hauler Permit                         | Maricopa County Environmental Serv.                      | SW2509392       |
| CA    | Fresno CA        | Trauma Scene Waste Management Practitioner          | Dept of Public Health - Medical Waste Management Program | TSW 819         |
| CA    | Los Angeles CA   | Trauma Scene Waste Management Practitioner          | Dept of Public Health - Medical Waste Management Program | TSW 675         |
| CA    | Sacramento CA    | Trauma Scene Waste Management Practitioner          | Dept of Public Health - Medical Waste Management Program | TSW 339         |
| CA    | San Diego CA     | Trauma Scene Waste Management Practitioner          | Dept of Public Health - Medical Waste Management Program | TSW 822         |
| CA    | Thousand Oaks CA | Trauma Scene Waste Management Practitioner          | Dept of Public Health - Medical Waste Management Program | TSW 820         |
| CT    | Hartford CT      | Biomedical Waste Hazardous Waste Transporter Permit | CT Dept. of Energy and Environmental Protection          | CT-BMW051       |
| FL    | Jacksonville FL  | Biomedical Storage permit                           | FL DOH   | 16-64-2214967   |
| FL    | Jacksonville FL  | Biomedical Other Trauma Clean                       | FL DOH   | 16-64-1916007   |
| FL    | Jacksonville FL  | Biomedical Transport permit                         | FL DOH   | 16-64-1915986   |



|    |                |                                      |                                    |               |
|----|----------------|--------------------------------------|------------------------------------|---------------|
| FL | Ocala FL       | Biomedical Storage permit            | FL DOH                             | 42-64-4004476 |
| FL | Ocala FL       | Biomedical Other Trauma Clean        | FL DOH                             | 42-64-4004424 |
| FL | Ocala FL       | Biomedical Transport permit          | FL DOH                             | 42-64-4004481 |
| FL | Orlando FL     | Biomedical Storage permit            | FL DOH                             | 49-64-2215430 |
| FL | Orlando FL     | Biomedical Other Trauma Clean        | FL DOH                             | 49-64-2206032 |
| FL | Orlando FL     | Biomedical Other Transport           | FL DOH                             | 49-64-2206044 |
| FL | Tampa FL       | Biomedical Storage permit            | FL DOH                             | 29-64-2216734 |
| FL | Tampa FL       | Biomedical Other Trauma Clean        | FL DOH                             | 29-64-1397568 |
| FL | Tampa FL       | Biomedical Transport permit          | FL DOH                             | 29-64-1405702 |
| FL | West Palm B FL | Biomedical Storage permit            | FL DOH                             | 50-64-2336343 |
| FL | West Palm B FL | Biomedical Other Trauma Clean        | FL DOH                             | 50-64-2356459 |
| FL | West Palm B FL | Biomedical Transport permit          | FL DOH                             | 50-64-2349198 |
| GA | Atlanta GA     | Solid Waste Transfer Station         | Georgia Dept. of Natural Resources | PBR-058-341TS |
| GA | Columbus GA    | Biomedical Transport permit          | FL DOH                             | 20-64-2475482 |
| IL | Yorkville IL   | Potentially Infectious Medical Waste | IL EPA                             | M9038         |
| IL | St.Louis MO    | Potentially Infectious Medical Waste | IL EPA                             | M9038         |
| LA | Baton Rouge LA | BP Infectious Waste Storage          | Louisiana Dept. of Health          | 17-0003901    |
| LA | Baton Rouge LA | BP Infectious Waste Vehicle          | Louisiana Dept. of Health          | TRN-LA038     |



|    |                 |   |   |                       |
|----|-----------------|---|---|-----------------------|
| MD | Pasadena MD     | Special Medical Waste Hauler                            | State of Maryland Dept. of the Environment              | SMH 133               |
| MI | Detroit MI      | Certificate of Reg. Producing Facility of Medical Waste | Michigan Dept. of Environment, Great Lakes and Energy   | MW0043818             |
| MI | Grand Rapids MI | Certificate of Reg. Producing Facility of Medical Waste | Michigan Dept. of Environment, Great Lakes and Energy   | MW0043818             |
| MO | Kansas City MO  | Hazardous Waste License                                 | Missouri Dept. of Transportation Motor Carrier Services | 24K12001000           |
| NJ | Bayville NJ     | Registered Waste Hauler - Self Generator                | NJDEP   | Multiple Vehicle Regs |
| NM | Albuquerque NM  | Commercial Waste Hauler                                 | New Mexico Environment Department                       | #00066615             |
| NV | Reno NV         | Biohazard Waste Transfer Facility                       | Northern Nevada Public Health                           | H24-0018WM            |
| NV | Reno NV         | Biohazard Waste Transporter                             | Northern Nevada Public Health                           | H24-0015WM            |
| OH | Akron OH        | Infectious Waste Generator                              | Ohio Environmental Protection Agency                    | 55-G-01738            |
| OH | Columbus OH     | Infectious Waste Generator                              | Ohio Environmental Protection Agency                    | 55-G-01738            |
| OH | Dayton OH       | Infectious Waste Generator                              | Ohio Environmental Protection Agency                    | 55-G-01738            |
| OH | Toledo OH       | Infectious Waste Generator                              | Ohio Environmental Protection Agency                    | 55-G-01738            |
| PA | Harrisburg PA   | Regulated Medical and Chemtherapuetic Transporter       | Pennsylvania Dept. of Environmental Protection          | PA-HC0290             |
| PA | Northampton PA  | Regulated Medical and Chemtherapuetic Transporter       | Pennsylvania Dept. of Environmental Protection          | PA-HC0290             |
| PA | Pittsburgh PA   | Regulated Medical and Chemtherapuetic Transporter       | Pennsylvania Dept. of Environmental Protection          | PA-HC0290             |
| SC | Columbia SC     | Infectious Waste Generator                              | SC Department of Environmental Services                 | IWG002365             |
| SC | Columbia SC     | Infectious Waste Transporter                            | Office of Environmental Control                         | ITWT000015            |



|    |                |   |   |              |
|----|----------------|---|---|--------------|
| SC | Spartanburg SC | Infectious Waste Generator                              | SC Department of Environmental Services   | IWG002365    |
| SC | Spartanburg SC | Infectious Waste Transporter                            | Office of Environmental Control           | ITWT000015   |
| TN | Knoxville TN   |   | TN Dept. of Env & Conservation            | TRF010001583 |
| TN | Memphis TN     |   | TN Dept. of Env & Conservation            | TRF790001627 |
| TN | Nashville TN   |   | TN Dept. of Env & Conservation            | TRF190001572 |
| TX | Fort Worth TX  | Medical Waste Transporter                               | Texas Commission on Environmental Quality | MSW 50250    |
| TX | Houston TX     | Medical Waste Transporter                               | Texas Commission on Environmental Quality | MSW 50250    |
| TX | San Antonio TX | Medical Waste Transporter                               | Texas Commission on Environmental Quality | MSW 50250    |
| UT | Salt Lake C UT | Infectious Medical Waste Hauler                         | Salt Lake County Health Dept.             | 35-062042    |
| WA | Tacoma WA      | Infectious Waste Management Permit - Generator Class 1C | Tacoma-Pierce Count Health Dept.          | PT0061388    |
| WI | Milwaukee WI   | Solid Waste Facility Operation License                  | WI Dept of Natural Resources              | 4698         |
| WI | Milwaukee WI   | Solid Waste Transportation License                      | WI Dept of Natural Resources              | 15139        |

## Ownership Information

ServiceMaster Brands – 100% Ownership

One Glenlake Parkway NE

Suite 1400

Atlanta, GA 30328



## Affiliate ServiceMaster Companies

Indoor Science

Merry Maids

ServiceMaster Clean

SRM Recovery Management

ServiceMaster Restore

Two Men and A Truck

Two Men and A Junk Trunk





# Illinois Environmental Protection Agency

RECEIVED

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Potentially Infectious Medical Waste (PIMW) Hauling Permit Application

OCT 31 2025

PIMW Hauler Number: M9038

USEPA Number (if hauling RCRA/TSCA Hazardous Waste):

You may complete this application in Acrobat, then save, print, sign, and mail it to the address below. A 39(i) certification must accompany the application.

Mail: Illinois EPA, P.O. Box 19276, Fiscal Services #2, Springfield, IL 62794-9276

Courier: Illinois EPA, Fiscal Services #2, 1021 North Grand Avenue East, Springfield, IL 62702

Applications signed by duly authorized agents must be accompanied by evidence of authority to sign the application. The Agency will not accept incomplete or photocopied applications, authorizations, or certifications. A denied application will result in the forfeiture of the PIMW hauling permit application fee.

**NOTE: A separate application must be submitted for each vehicle owner.**

| 1. Hauling Company Information (not authorized representative) |                |                        |       |
|--|----------------|------------------------|-------|
| Business Name  |                | Owner Name             |       |
| Aftermath Services LLC   |                | Aftermath Services LLC |       |
| Business Location (Not P.O. Box)                               |                |                        |       |
| 1215 Deer Street   |                |                        |       |
| Mailing Address  |                |                        |       |
| See Co. Contact info   |                |                        |       |
| City   |                | State                  | Zip   |
| Yorkville  |                | IL                     | 60560 |
| County   | Business Phone |                        |       |
| Kendall  | (630) 701-3807 |                        |       |

| 1-A. Hauling Company Contact Information      |       |                                    |
|---|-------|------------------------------------|
| Business Name                                 |       | Owner or Authorized Representative |
| Aftermath Services LLC                        |       | Michael J. Vena                    |
| Mailing Address                               |       |                                    |
| 75 Executive Dr., Ste. 200                    |       |                                    |
| City  | State | Zip                                |
| Aurora  | IL    | 60504                              |
| Emergency Phone                               |       |                                    |
| (630) 423-4278                                |       |                                    |
| Email Address                                 |       |                                    |
| compliance@aftermath.com; mvena@aftermath.com |       |                                    |

I, the undersigned, certify that the information contained herein is true and complete and that the removing, hauling, disposing, storing, or treating of Potentially Infectious Medical Waste complies with all requirements of 415 ILCS 5/56.5, Title 35, Ill. Adm. Code Part 1450, and the attached standard conditions for PIMW hauling permits.

Signature of Hauling Company Owner (or Authorized Representative)

Date

☒ I have completed and am attaching the required 39(i) form.

| 2. Vehicle Owner Information (not authorized representative) |                                |                     |            |
|--|--------------------------------|---------------------|------------|
| <input type="checkbox"/> Same as Hauling Company Information |                                |                     |            |
| Business Name  |                                | Owner Name          |            |
| Enterprise Fleet Management                                  |                                | Enterprise FM Trust |            |
| Mailing Address  |                                |                     |            |
| 600 Corporate Park Drive                                     |                                |                     |            |
| City   |                                | State               | Zip        |
| St. Louis  |                                | MO                  | 63105-4204 |
| Business Phone   | Email Address                  |                     |            |
| (314) 274-4658   | Alexandria.DiSalle@efleets.com |                     |            |

| 2-A. Contact Information   |                               |                                    |
|--|-------------------------------|------------------------------------|
| <input type="checkbox"/> Same as Hauling Company Contact Information |                               |                                    |
| Business Name  |                               | Owner or Authorized Representative |
| Aftermath Services, LLC  |                               | Michael J. Vena                    |
| Mailing Address  |                               |                                    |
| 75 Executive Dr., Ste. 200   |                               |                                    |
| City   | State                         | Zip                                |
| Aurora   | IL                            | 60504                              |
| Phone  | Email Address                 |                                    |
| (630) 423-4278   | compliance@aftermath.com; mv+ |                                    |

I, the undersigned, certify that the information contained herein is true and complete and that the removing, hauling, disposing, storing, or treating of Potentially Infectious Medical Waste complies with all requirements of 415 ILCS 5/56.5, Title 35, Ill. Adm. Code Part 1450, and the attached standard conditions for PIMW hauling permits.

Signature of Vehicle Owner (or Authorized Representative)

Date

☒ I have completed and am attaching the required 39(i) form.

3. In accordance with 415 ILCS 5/56.1 and 415 ILCS 5/56.5, each application must be accompanied by a \$2000 PIMW hauling permit application fee and a vehicle permit fee of \$250 per vehicle (certified check, cashier's check, or money order) made payable to the "Treasurer, State of Illinois", calculated in the following manner.

Operator's Permit Fee (Check One)

- ☐ New (\$2000)  
☐ Renewal (\$2000)  
☒ Adding (\$0)

Vehicle Permit(s) (\$250/vehicle)

Number of New Vehicles \_\_\_\_\_  
Number of Renewal Vehicles \_\_\_\_\_  
Number of Added Vehicles 7  
Total Number of Vehicles 7

Application Fee: \$0.00  
Total Vehicles x \$250: \$1,750.00  
Total Fee Amount: \$1,750.00

This Agency is authorized to require this information under 415 ILCS 5/4, 415 ILCS 5/56.1, and 415 ILCS 5/56.5. Disclosure of this information is required under that paragraph of the law. Failure to do so may prevent this form from being processed and could result in your application being denied. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony (415 ILCS 5/44(h)).

| FOR AGENCY USE ONLY |                |                  |           |             |                 |              |
|---------------------|----------------|------------------|-----------|-------------|-----------------|--------------|
| Permit Number       | Modification # | Tot. Veh. Pmt'd. | Issued By | Issued Date | Expiration Date | Check Number |
| 19                  | 001            | 13               | E         | 11/4/2025   | 3/31/2026       | 39969        |



Hauling Company: Aftermath Services LLC

Vehicle Owner: Enterprise Fleet Management
**FOR AGENCY USE ONLY**

Permit Number

Modification #

Issued Date

Expiration Date

19

001

11/4/2025

3/31/2026

The information requested below must be provided for each vehicle being permitted. For tractor-trailer units, complete information for trailer only. For roll-off boxes that connect directly to the tractor, complete information for tractor and give a range for capacity. For roll-off boxes that connect to a frame, complete information for the frame.

|     | License Plate                | Vehicle Information                                  | Description  | Most Recent Vehicle Permit Date <u>or</u> Transportation Start Date   |
|-----|------------------------------|--|--|---|
|     | a. State<br>b. License Plate | a. Make - Model - Year<br>b. Vehicle ID Number (VIN) | a. Type (tank trailer, flatbed, roll-off, etc.)<br>b. Capacity (gallons, barrels, cubic yards) | Date vehicle most recently permitted <u>or</u> used to transport PIMW generated, treated, stored, or disposed in Illinois. If not used yet, enter "Not used yet". |
| 1.  | a. IL<br>b. 216947C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG1RE147578      | a. Van #938<br>b. 463 cu. ft.  | Month/Day/Year  |
| 2.  | a. IL<br>b. 216948C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG2RE147623      | a. Van #939<br>b. 463 cu. ft.  | Month/Day/Year  |
| 3.  | a. IL<br>b. 216949C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG8RE147576      | a. Van #940<br>b. 463 cu. ft.  | Month/Day/Year  |
| 4.  | a. IL<br>b. 216950C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG6RE147575      | a. Van #941<br>b. 463 cu. ft.  | Month/Day/Year  |
| 5.  | a. IL<br>b. 217101C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG3RE147565      | a. Van #942<br>b. 463 cu. ft.  | Month/Day/Year  |
| 6.  | a. IL<br>b. 217102C          | a. Dodge Promaster 2024<br>b. 3C6LRVAG0RE145529      | a. Van #976<br>b. 463 cu. ft.  | Month/Day/Year  |
| 7.  | a. TN<br>b. 4CP4040          | a. Dodge Promaster 2024<br>b. 3C6LRVAG5RE147616      | a. Van #930<br>b. 463 cu. ft.  | Month/Day/Year  |
| 8.  | a. _____<br>b. _____         | a. _____<br>b. _____                                 | a. _____<br>b. _____   | Month/Day/Year  |
| 9.  | a. _____<br>b. _____         | a. _____<br>b. _____                                 | a. _____<br>b. _____   | Month/Day/Year  |
| 10. | a. _____<br>b. _____         | a. _____<br>b. _____                                 | a. _____<br>b. _____   | Month/Day/Year  |
| 11. | a. _____<br>b. _____         | a. _____<br>b. _____                                 | a. _____<br>b. _____   | Month/Day/Year  |
| 12. | a. _____<br>b. _____         | a. _____<br>b. _____                                 | a. _____<br>b. _____   | Month/Day/Year  |



### Master Service Agreement

Effective Date February 1st, 2022 between Stericycle, Inc and Aftermath Services LLC.

#### Service Address

Customer/Company Name: Aftermath Services LLC  
Address 1: See attachment A - Site list  
Address 2: See attachment A - Site list  
City / State / Zip: See attachment A - Site list  
Phone: See attachment A - Site list  
Email: See attachment A - Site list  
Contact: See attachment A - Site list Title: See attachment A - Site list

#### Billing Information (See below)

Billing Contact/Company Name: Aftermath Services LLC  
Address 1: 75 Executive Dr.  
Address 2: Suite 200  
City / State / Zip: Aurora, IL 60504  
Phone: 630-423-7270  
Email: tbao@aftermath.com, tbao@aftermath.com  
Contact: Tina Bao Title: Manager

| Service Included (check box)  | Rate                                    | Per Site   | Monthly Service Fee   |
|---|---|--|---|
| (If Service Attached to "Service Description" to be billed)   | Adjustment Charge                       | Additional Container / Over Weight / Excess pickup fee | (If Service Attached to "Service Description" to be billed) |
| <input checked="" type="checkbox"/> Biohazardous Regulated Medical Waste Disposal<br>(See attachment A for per site details)                              | \$ 75                                   | Current container rate                                 | \$27,612.49   |
| <input type="checkbox"/> Stericycle Reusable Sharps Program<br>(Only available with purchase of "Biohazardous Regulated Medical Waste Disposal" services) |   |  |   |
| <input type="checkbox"/> Fixer / Developer - Photo Processing Disposal Service  |   |  |   |
| <input type="checkbox"/> Pathological / Trace Chemotherapy Disposal Service   |   |  |   |
| <input type="checkbox"/> Pharmaceutical Waste Disposal Service  |   |  |   |
| <input type="checkbox"/> CDRX Controlled Substance Waste Service  |   |  |   |
| <input type="checkbox"/> Steri-Safe HIPAA Compliance Service  |   |  |   |
| <input checked="" type="checkbox"/> Biohazardous Regulated Medical Waste Disposal - Transactional   | See attachment A for per site breakdown |  | \$  |

\* Price per Box: WA only - Based on WJRC Tariff pricing  
\*\* Minimum Pickup Fee: WA only - \$10.00 minimum monthly fee

Monthly Recurring Service Fee: \$ 27,612.49 (Does not include WA State)

WA Minimum Pickup Fees: \$ See attachment A for per site details

Fuel Charge (per stop): \$ 0

Energy Fee (per stop): \$ 0

Environmental Fee: 0%

Record Retention Fee (per stop): \$ 0

Total Recurring Monthly Service Fees: \$27,612.49

Billing Schedule: Monthly

Includes All Fees (Additional Taxes May Apply)

During the first 24 months of the Agreement, Stericycle will not increase the above fees.

Thereafter, fees will not increase by more than 5% annually.

Service Guarantee: Stericycle guarantees to deliver the highest quality service at all times. Any complaints about the quality of service which have not been resolved in the normal course of business should be communicated to Stericycle by written notice to the Account Care department at the address listed below. If Stericycle fails to resolve any material service complaint within thirty (30) days, the customer may terminate this Agreement provided all equipment is paid for at the then current replacement values or returned to Stericycle in good and usable condition.

IN WITNESS WHEREOF, this Agreement has been duly executed on the day, month and year written below.

#### Stericycle:

Contracting Entity: Stericycle, Inc.  
Name: Jacob McVicar  
Title: RSD  
Date: 1-20-2022  
Signature: [Signature]

#### Customer:

Customer/Company Name: Aftermath Services LLC  
Name: Tina Bao  
Title: Manager  
Date: 1/20/22  
Signature: [Signature]

By signing above I acknowledge that I am the Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by these terms and conditions and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement.

Stericycle, Inc. • 4010 Commercial Ave., Northbrook, IL 60062 • P (773) 419-0222 • F (866) 643-3825

Initials: Customer TB Stericycle JM



## TERMS AND CONDITIONS

Stericycle, Inc., a Delaware corporation, with offices at 28161 N. Keith Drive, Lake Forest, IL 60045 (collectively, "Stericycle"), and Aftermath Services LLC with offices at 75 Executive Dr, Ste 200, Aurora, IL 60504 ("Customer"), hereby enter into and agree as provided in this Services Agreement (the "Agreement") dated as of the 1st day of February, 2022 (the "Effective Date").

1. **Services.** (a) Stericycle will provide Customer the services set forth on page 1 of this Agreement (the "Services") which are incorporated herein and made a part of this Agreement. (b) Customer shall be liable for and shall indemnify, defend and hold harmless Stericycle from and against all demands, claims, actions, losses, damages, and expenses, including reasonable attorney fees resulting from any Non-Conforming Waste (defined below) or Customer's failure to properly store, package, label, or segregate RMW. (c) All lab wastes or materials that contain or have the potential to contain infectious substances arising from any agents listed under 42 CFR 72.3 are prohibited from inclusion among RMW to be collected and must be pretreated by Customer prior to disposal. (d) The current version of the Stericycle Waste Acceptance Policy ("WAP") is attached. Stericycle may periodically update the WAP. (e) During the Term, Stericycle shall be the exclusive provider of the Services to Customer at all of its locations, and Customer shall use no other RMW disposal service, method or service provider, whether at the service location(s) set forth herein or at any other current or future location(s) of Customer. As used herein, "Non-Conforming Waste" means any substance, waste or container that is excluded, not accepted or non-conforming under the WAP or otherwise cannot be accepted by Stericycle under any applicable law, rule or regulation. (f) Stericycle may bill additional charges for each non-compliant container (overweight under applicable laws, rules or regulations; each container exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged) provided by Customer.
2. **Term of this Agreement.** (a) The initial term of this Agreement (the "Initial Term") will begin on the Effective Date set forth above and continue for Sixty (60) months. This Agreement will automatically renew for successive month-to-month terms (each, an "Extension Term"), unless either party gives the other party at least 60 days' written notice, prior to the renewal date, of its request to terminate this Agreement. The Initial Term and each Extension Term, if any, are collectively referred to as the "Term." (b) Upon the expiration or termination of this Agreement, Customer shall pay Stericycle all amounts due for services and products provided prior to the expiration or termination (and any other amounts due to Stericycle, which may include a final pickup fee). (c) Stericycle shall have the right to retrieve its Equipment (defined below) from Customer wherever located.
3. **Pricing.** Customer shall pay to Stericycle the service fees set forth on page 1 ("Service Fees"). Stericycle may adjust the Service Fees to cover non-controllable costs, including but not limited to taxes, fuel and regulatory fees annually in accordance with the percentage listed on page 1.
4. **Payment Terms.** Customer shall pay in full each Stericycle invoice within 30 days of the date of such invoice. Any invoiced amounts not received by Stericycle within that timeframe will be subject to an interest charge of 1.5% per month (or the maximum amount allowed by law). Customer shall reimburse Stericycle for all costs that it incurs in collecting overdue amounts from Customer. Stericycle may, with notice, suspend services until any overdue amounts (plus interest charges and collection fees, if any) are paid. Customer shall also pay all taxes imposed by any governmental authority with respect to the purchase of any services and products hereunder, including all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but excluding all taxes on Stericycle's net income). Stericycle will cooperate with Customer to determine the applicability of exemption certificates, if any, that Customer provides in a timely manner to Stericycle.
5. **Early Termination.** In the event that Customer terminates this Agreement prior to the expiration of the Term other than as set forth in Section 6 Customer shall promptly pay Stericycle (a) all unpaid invoices and any late charges thereon; and (b) an amount equal to 50% of Customer's average monthly charge multiplied by the number of months (including any partial months) remaining until the expiration date of the Term.
6. **Default and Early Termination for Cause.** Either party may immediately terminate this Agreement, in whole or in part, upon written notice to the other party if the other party breaches any material provision of this Agreement and fails to cure such breach within thirty (30) days following receipt of written notice of such breach. Documented service or performance deficiencies by Stericycle or nonpayment by Customer of amounts rightfully owed to Stericycle or Customer's failure to comply with Stericycle policies related to the Services shall constitute a material breach.
7. **Limitation of Liability.** In no event shall either party be liable for any indirect, exemplary, punitive, special, incidental or consequential damages, or lost profits, lost revenue, lost business opportunities or the cost of substitute items or services under or in connection with this Agreement.
8. **Compliance Materials; Confidentiality.** To the extent that Stericycle provides Customer with electronic or printed materials ("Compliance Materials"), it provides these

subject to a limited license to Customer to use Compliance Materials for its own, non-commercial use. Stericycle may revoke this license at any time. Customer may not copy or distribute Compliance Materials or use or republish Compliance Materials for or to any third party or audience. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials. Customer agrees to not disclose to any third parties Stericycle pricing, policies and procedures.

9. **Compliance with Laws and Policies.** Each party shall comply with all laws, rules and regulations applicable to its performance hereunder. Stericycle and Customer shall keep adequate books, records and documentation as required by applicable laws, rules, regulations and guidelines pertaining to storage or handling of RMW and the Services hereunder. Customer shall comply with the WAP applicable to the Services.
10. **Excuse of Performance.** Neither party will be responsible if its performance of any act(s) required hereunder (other than the payment of any amounts due) is interrupted or delayed due to any reason beyond its reasonable control.
11. **Equipment.** Customer shall have the care, custody and control of any containers and other equipment owned by Stericycle and placed at Customer's premises ("Equipment") and accepts responsibility and liability for the Equipment and its contents. Any damage or loss to such Equipment, other than normal wear and tear, will be charged to Customer at full replacement value.
12. **Waste Brokers.** Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the Customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.
13. **Miscellaneous.** (a) This Agreement constitutes the entire agreement between the parties relating to the subject matter of this Agreement and supersedes any prior agreements and arrangements between the parties. (b) This Agreement may be modified only by a written amendment signed by an authorized representative of each party. (c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns, legal representatives and heirs; provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle. (d) Stericycle's relationship with Customer is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer. (e) Any dispute arising in connection with or relating to this Agreement or between the parties ("Disputes") that the parties are unable to resolve informally, such as via discussion and negotiation between the parties, shall solely and exclusively be resolved by binding and final arbitration before the American Arbitration Association ("AAA"), conducted pursuant to the Federal Arbitration Act (as the parties acknowledge that the services provided involve interstate commerce). All Disputes will be determined on an individual basis (and not as a class member or in any purported class or representative capacity, considered unique as to its facts, and shall not be consolidated in any arbitration or other proceeding with any claim or controversy of any other party, and the arbitrator or trier of fact shall not preside over any form of representative or class proceeding. The exclusive jurisdiction and forum for resolution of any Dispute shall be by arbitration, which shall take place in the state where Customer is located at the closest AAA office. (f) The failure of either party to insist upon the performance of any provision hereof, or to exercise any right granted under any provision hereof, will not be construed as waiving that provision or any other provision, and the provision will continue in full force and effect. (g) No term or condition contained in a Customer purchase order or any other invoice acknowledgment shall be binding upon Stericycle unless agreed to by Stericycle in writing. (h) Each provision of this Agreement must be interpreted in a way that is valid under applicable law. If any provision is held invalid, the rest of the Agreement will remain in full force and effect. (i) The failure of either party to insist upon the performance of any provision hereof, or to exercise any right granted under any provision hereof, will not be construed as waiving that provision or any other provision, and the provision will continue in full force and effect. All waivers must be in writing and signed by the party waiving its rights. (j) Except as otherwise set forth herein, this Agreement shall be governed by and construed in accordance with the laws of the State of Illinois, without regard to the conflict of law provisions.

Initials: Customer MB Stericycle [Signature]



# Regulated Medical Waste Acceptance Policy

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information or email [customer@stericycle.com](mailto:customer@stericycle.com).

## REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this excludes RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including "controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle cannot accept these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR Part 73 (HHS), 7 CFR Part 331 (USDA-Plant Protection and Quarantine), and 9 CFR Part 121 (USDA-Veterinary Services) are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

*\* Un-dispensed from DEA Registrant*

## WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.177) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

## MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

## STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

### ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

### ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines.
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances.\*
- California Only - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone.

### OTHER REGULATED MEDICAL WASTES NOT ACCEPTED AS REGULATED MEDICAL WASTE BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State Controlled Substances\*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

*\*Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at [customer@stericycle.com](mailto:customer@stericycle.com)

Initials: Customer  Stericycle 

**We protect what matters.**

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 **Stericycle**



## SERVICE DESCRIPTIONS



### Biohazardous Regulated Medical Waste Disposal

- Safe, compliant collection, transport and treatment of regulated medical waste.
- Access to DOT and biohazardous training on MyStericycle.com, our convenient online customer portal.

#### RELATED SERVICES:

#### Secure pick-up of Fixer/Developer – Photo Processing Disposal Service

- Treatment and disposal of x-ray fixer/developer containing silver or hydroquinone.
- This service is available in CA and parts of CT, MA, NH, RI, VT, NJ and NY.

#### Secure pick-up of Pathological/Trace Chemotherapy Disposal Service

- Treatment and disposal of infectious waste or discarded items that have been contaminated by trace amounts of chemotherapeutic, cytotoxic or antineoplastic pharmaceuticals.

#### Regulated Medical Waste – Transactional

- Containers, manifests, collection, transport, treatment and disposal of all regulated medical waste (except non-conforming waste) on an on-call basis.



### Stericycle Reusable Sharps Program

- Our Sharps Management Service utilizes reusable sharps containers to streamline the collection and disposal of sharps in your facility. A Stericycle driver will pick up your packaged, full sharps containers and provide clean ones for continued use.
- Each reusable container can be utilized up to 600 times. Our service reduces plastic going into landfills and helps avoid utilizing natural resources to create new containers.
- Easy-to-use container design allows for single-handed disposal of sharps. The container base is transparent making it easy to see the fill line and prevent overfilling to reduce needlestick injuries.



### Steri-Safe™ OSHA Compliance Solutions

- Award-winning bloodborne pathogens training\*, available online in English and Spanish. Our Online Training Center provides tracking and reporting.
- Simple, automated Safety Plan Builder to help you stay compliant and access to over 10 million Safety Data Sheets to easily create a customized online binder.
- Preferred level services include annual on-site training, mock OSHA inspection and a dedicated Healthcare Compliance Educator. We also provide a No Fine. No Fail. OSHA Guarantee.
- Enjoy a 10% discount on Healthcare Products.

### Steri-Safe™ HIPAA Compliance Solutions

- Critical training including HIPAA privacy, security and social media.
- Easy-to-use HIPAA privacy and security risk assessments.
- Preferred level services include annual on-site HIPAA privacy and security gap analysis and trainings.

\*2016 Bronze Telly Award for our bloodborne pathogens training in the category of Non-Broadcast Productions – Health and Wellness.

Initials: Customer Stericycle





## SERVICE DESCRIPTIONS



### Pharmaceutical Waste Disposal

#### Drug Disposal Service

- Treatment and disposal of non-hazardous pharmaceutical waste. This includes pharmaceutical and over-the-counter drug products that do not fall under the definition of hazardous pharmaceutical waste.
- Environmentally-friendly solutions to protect your communities and waterways.

#### Hazardous Drug Disposal Service

- Treatment and disposal of pharmaceuticals that either exhibit characteristics that make them a hazardous waste or that are specifically listed as a hazardous waste by EPA or state authorities.
- We provide you with a Pharmaceutical Waste Identification Checklist.

#### Seal&Send™ Controlled Substance Envelopes

- Seal&Send controlled substance mailback envelopes are for use only by patients/end-users; 50 envelopes per location annually.

#### CsRx® Controlled Substance Waste Service

- This solution is designed to help small hospitals and non-acute care facilities prevent diversion when disposing of controlled substances in the form of tablets, capsules, liquids and patches.
- Mitigates the risk of diversion when disposing of controlled substance waste in your facilities.
- This solution provides peace of mind that your controlled substance waste will be processed with total security and compliance.



**AMENDMENT TO SERVICE AGREEMENT  
BETWEEN AFTERMATH SERVICES LLC. AND STERICYCLE, INC.**

This Amendment to the Services Agreement ("Amendment") is dated February 1st, 2022 ("Effective Date"), between Aftermath Services LLC ("Client") and Stericycle, Inc. ("Stericycle").

WHEREAS, Client and Stericycle are parties to a certain Services Agreement (the "Agreement"), wherein Stericycle provides Regulated Medical Waste Disposal with an effective date of February 1st, 2022 to Client as more specifically set forth in the Agreement; and

WHEREAS, Client and Stericycle are both desirous of amending such Agreement in the manner which is more fully set forth below.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration Client and Stericycle hereby agree to amend the Agreement as follows:

1. Section 2 - Term of this Agreement; is hereby amended as follows:
  - a. This Agreement will automatically renew for successive month-to-month terms (each, an "Extension Term"), unless either party gives the other party at least 30 days' written notice, prior to the renewal date, of its request to terminate this Agreement
2. Section 3 - Pricing; is hereby amended as follows:
  - a. Pricing and service cannot be discounted or reduced from the rate and amounts set forth in the Agreement within the first twelve (12) months after the Effective Date.
  - b. After 12 months of the initial agreement, Stericycle and Client may renegotiate fees based on annual volume
3. Section 13 - Miscellaneous; is hereby amended as follows:
  - a. Stericycle will appoint a National Account manager to service Aftermath and liaise with Aftermath regarding the implementation of this Agreement. Stericycle will use commercially reasonable best efforts to promptly respond to Aftermath's inquiries regarding this Agreement
  - b. Client's Rancho Cucamonga, California location may drop off Waste Containers directly to Stericycle's Fontana, California location.
  - c. Stericycle will use commercially reasonable best efforts to ensure that each Waste Container is thirty (30) gallons or greater.
  - d. Section 13 (C) replaced as follows; This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns, legal representatives and heirs; provided, however, that neither Customer nor Stericycle may assign its rights or delegate its obligations under this Agreement without the prior written consent of the counterparty.
4. All other terms and provisions of the Agreement, except as modified and amended hereby, shall remain in full force and effect.
5. All terms not defined in this Amendment shall have the meaning ascribed to them in the Agreement, as amended.

IN WITNESS WHEREOF, this Amendment has been duly executed by the day, month and year written below.

STERICYCLE, INC.

Signature: JM McNear

Name: Jacob McNear

Title: ESD

Date: 1-20-2022

AFTERMATH SERVICES LLC.

Signature: Tom Mathew

Name: Tom Mathew

Title: Controller

Date: 1/20/22

## STATE OF CONNECTICUT AUTOMATIC RENEWAL RIDER

The purpose of this rider is to comply with Connecticut State Law governing the enforceability of automatic contract renewal provisions.

Stericycle, Inc. and Aftermath Services LLC. ("Customer") have entered into a Biomedical Waste Service Agreement. The terms and conditions of the Agreement provide, among other things, that the term of the Agreement shall automatically renew for month-to-month terms ("Extension Terms") unless either party has notified the other party in writing during the Sixty (60) day period prior to any such renewal date of its desire to terminate this Agreement. All Extension Terms shall be subject to the same terms and conditions as the original Agreement.

By executing this Rider, Customer hereby acknowledges that this contract contains an AUTOMATIC RENEWAL provision.

**Stericycle:**

Name: Jacob McNeer  
Title: RSD  
Signature: JM  
Date: 1-20-2022

**Customer: Aftermath Services LLC.**

Name: Tor Muhlman  
Title: Customer  
Signature: Tor M  
Date: 1/20/22



## STATE OF NEW JERSEY SOLID WASTE UTILITY REGULATION CONTRACT RIDER

### New Jersey Department of Environmental Protection

Notwithstanding anything contained in the Agreement to which this Rider is attached, with respect to any of Customer's waste generating sites located within the corporate limits of the state of New Jersey (Customer's "New Jersey Sites"), the following terms and conditions apply, to the exclusion of any contrary or different provisions:

#### New Jersey Statutes 7:26H-5.12 Solid Waste Utility Regulations - Customer Bill of Rights

1. A commercial, industrial or institutional customer has the right to select their regulated medical waste management company on a competitive basis and to discontinue service at any time, unless contractually obligated by a service agreement, provided that the collector is provided with a minimum of seven days' written notice;
2. Residential customers who are responsible for hiring their own collection service have the right to select their solid waste collector on a competitive basis and to discontinue service at any time, provided that the collector is given seven days written notice;
3. A complete list of New Jersey Authorized Commercial Regulated Medical Waste transporters and treatment facilities registered to provide service within their service territory is available from the Division of Solid and Hazardous Waste;
4. Stericycle shall handle all customer complaints in a prompt, courteous, and efficient manner and that in the event Stericycle fails to pick up regulated medical waste on a regularly scheduled day and such failure is not caused by an act or omission of the customer, Stericycle shall make the pick up as soon as possible, but in no event shall it be later than the next regularly scheduled collection day. Should Stericycle fail to pick up regulated medical waste from a commercial, industrial, or institutional customer on two consecutive collection days, and such failure is not caused by an omission or act of the customer, the customer may cancel any service agreement or contract with the collector;
5. Stericycle shall remove, transport, treat and dispose of regulated medical waste in an environmentally sound manner that safeguards the public health and preserves the quality of the environment;
6. Stericycle shall notify its customers in writing at least 10 days prior to any increase or decrease in rates;
7. Stericycle shall provide ten days' written notice to the customer prior to the discontinuation of service. A collector may discontinue service for nonpayment of bills provided it gives the customer at least ten days for payment of the bill before issuing the ten day notice of discontinuing service;
8. Since Stericycle's regulated medical waste collection services are carried out with containers or other equipment supplied by Stericycle, when services are discontinued, Stericycle is required by New Jersey law to remove all containers and other equipment from the customer's premises within three days of the effective date of the discontinuance regardless of the status of the account;
9. The New Jersey Department of Environmental Protection is available to resolve service or pricing issues and disputes and Stericycle shall not terminate service for non-payment during a Department investigation;
10. The customer may make partial payments on collection service and disposal fees without risk of additional charges, penalties or disruption of service on the unresolved amount of a service or pricing issue or dispute and/or disputes forwarded to the Department for resolution;
11. If a customer will be absent from their residence or business for at least 30 days, the customer may request suspension of solid waste collection services and billing for that period without charge;
12. Stericycle is responsible for assisting the customer in the selection of the most favorable service to meets the customer's needs at the most reasonable rate;

Initials: Customer    Stericycle   

Revised 4/2019

13. In the event of inclement weather when operation of a solid waste vehicle would pose a threat to the safety of the public and/or the equipment and personnel of the collection company, pick up shall be made no later than the next regularly scheduled day. In those cases where collection is made on a once per week basis, pick up shall be made as soon as weather permits;
14. Stericycle shall transmit copies of any notice of discontinuance of services to the Department at the same time it is transmitted to the customer.
15. Solid waste services contracts or agreements shall not include any clause which calls for an automatic renewal of the contract or agreement. The automatic renewal clause of any existing contract shall be considered void November 4, 2002.
16. Stericycle shall display its name, as it appears on its Certificate of Public Convenience and Necessity, and any "trading as name" on all vehicles and containers.

Stericycle:

Name: Jacob McNear

Title: ESD

Signature: [Signature]

Date: 1-20-2022

Customer: Aftermath Services LLC.

Name: Tan Montalbo

Title: Controller

Signature: [Signature]

Date: 1/20/22

Agreed to as of the Effective Date stated in the Agreement to which this Rider is attached.



**FIRST AMENDMENT TO  
STERICYCLE SERVICE AGREEMENT  
BETWEEN  
STERICYCLE, INC.  
AND  
AFTERMATH SERVICES LLC.**

This amendment ("Amendment") is effective 2/01/2022 (the "Amendment Effective Date") and amends the Stericycle Service Agreement effective as of 12/1/2022, between Aftermath Services Llc. and Stericycle, Inc. (the "Agreement").

WHEREAS, the parties desire to amend the multi-site Agreement and to clarify certain provisions of the Agreement;

NOW, THEREFORE, the parties agree as follows:

1. Capitalized terms not otherwise defined in this Amendment shall have the meanings given to them in the Agreement.
2. The parties agree to make the following changes to the Agreement referenced above:
  - a) See "Attachment A" for updated pricing. All other surcharges and fees shall be in accordance with the current Master Service Agreement.
3. Except as herein provided, the Agreement shall remain unchanged and in full force and effect. In the event of any inconsistency or discrepancy between the Agreement and this Amendment, the terms and conditions set forth in this Amendment shall control.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the day and year first written above.

STERICYCLE, INC.

By: Edward Scharringhausen

Name: Edward Scharringhausen

Title: Compliance Solutions Specialist

Date: 12/6/2022

AFTERMATH SERVICES LLC.

By: Tom Montalbano

Name: Tom Montalbano

Title: Controller

Date: 12/6/2022

**Attachment A: Pricing and Site Locations****Attachment A:****Per Site Contact List:**

| Aftermath Services LLC |      |                        |                   |               |                  |       |       |               |                |                           |
|------------------------|------|------------------------|-------------------|---------------|------------------|-------|-------|---------------|----------------|---------------------------|
| CID                    | Site | Name                   | Address           | Suite / Floor | City             | State | Zip   | Contact Name  | Contact Phone  | Contact Email             |
| 2162309                | 001  | Aftermath Services LLC | 10 Collins        | Ste A         | Maumelle         | AR    | 72113 | Pheashia      | (702) 762-4378 | Psmith@aftermath.com      |
| 6170559                | 012  | Aftermath Services LLC | 10111 S Tacoma    | Ste E6        | Lakewood         | WA    | 98499 | Tracy Tims    | (262) 269-9076 | Tims@aftermath.com        |
| 8387150                | 025  | Aftermath Services LLC | 3015 Commerce     | Unit 8        | Midway           | FL    | 32343 | Scott Mezera  | (904) 583-5301 | smezera@aftermath.com     |
| 8387150                | 006  | Aftermath Services LLC | 10418 New Berlin  | Unit 221      | Jacksonville     | FL    | 32226 | Lance         | (904) 651-4198 | lharbuck@aftermath.com    |
| 2162309                | 012  | Aftermath Services LLC | 10541 Outdoor     | Suite 1       | Gulfport         | MS    | 39503 | Robin Fricke  | (228) 323-5187 | rfricke@aftermath.com     |
| 8387150                | 011  | Aftermath Services LLC | 10721 John Price  | Unit 115      | Charlotte        | NC    | 28273 | Paul Azra     | (980) 428-1066 | paazra@aftermath.com      |
| 2162309                | 022  | Aftermath Services LLC | 11114 Cedar Park  | Ste C         | Baton Rouge      | LA    | 70809 | Jaqueda "Jay" | (225) 572-8610 | janderson@aftermath.com   |
| 8387150                | 003  | Aftermath Services LLC | 1160 Greenskeep   | Unit D        | Kissimmee        | FL    | 34741 | Dionna        | (561) 529-2478 | deriffith@aftermath.com   |
| 6170559                | 011  | Aftermath Services LLC | 11912 NE 95th St  | Ste 330       | Vancouver        | WA    | 98682 | Hannah Povey  | (801) 663-3432 | hpovey@aftermath.com      |
| 2162309                | 011  | Aftermath Services LLC | 1200 NW Pamela    | Ste H         | Blue Springs     | MO    | 64029 | Daniel        | (712) 250-1366 | Dholdsworth@aftermath.com |
| 8387150                | 014  | Aftermath Services LLC | 124 Petra Ln      | Ste 3         | Colonie          | NY    | 12205 | Devon Tucker  | (518) 522-6283 | DevonT@aftermath.com      |
| 6170559                | 008  | Aftermath Services LLC | 13026 W           | Bldg D14      | Airway Heights   | WA    | 99001 | John Rutland  | (253) 332-7951 | Jrutland@aftermath.com    |
| 2162309                | 009  | Aftermath Services LLC | 1308 S Midkiff Rd | Ste 315       | Midland          | TX    | 79701 | Ryan Hinojosa | (432) 307-9679 | Rhinojosa@aftermath.com   |
| 8387150                | 015  | Aftermath Services LLC | 1312 Cornell      | Ste A         | Oklahoma City    | OK    | 73108 | Justin Aranda | (405) 600-4928 | Jaranda@aftermath.com     |
| 8387150                | 015  | Aftermath Services LLC | 137 Syke St       | Ste 6         | Rochester        | NY    | 14611 | Jayvon        | (585) 363-0745 | Jhohson@aftermath.com     |
| 2162309                | 019  | Aftermath Services LLC | 13940 Sammel      | Ste 221       | Houston          | TX    | 77066 | Guillermo     | (713) 522-5005 | Glopez@aftermath.com      |
| 8387150                | 010  | Aftermath Services LLC | 137 Blue Bell Rd  | Ste A         | Greensboro       | NC    | 27406 | Jason Fox     | (336) 637-7027 | Jfox@aftermath.com        |
| 2162309                | 017  | Aftermath Services LLC | 196 Omohundro     | Ste C         | Nashville        | TN    | 37210 | Sterling      | (601) 417-9165 | SJordan@aftermath.com     |
| 8387150                | 020  | Aftermath Services LLC | 2100 Siegfried    |               | Northampton      | PA    | 18067 | Daniel Caro   | (201) 349-1999 | Dcaro@aftermath.com       |
| 6170559                | 010  | Aftermath Services LLC | 215 Plain St      | Unit 4        | North Attleboro  | MA    | 02760 | Sunny Fan     | (508) 566-3210 | Sfan@aftermath.com        |
| 8387150                | 024  | Aftermath Services LLC | 2428 Alameda Ave  | Ste 302       | Norfolk          | VA    | 23513 | Bobby Sorey   | (757) 380-6342 | Bsorey@aftermath.com      |
| 2162309                | 006  | Aftermath Services LLC | 2532 Regency Rd   | Ste 101       | Lexington        | KY    | 40503 | Bella Stempf  | (618) 799-5259 | bstempf@aftermath.com     |
| 2162309                | 016  | Aftermath Services LLC | 297 Oak Ridge     | Ste 300       | Oak Ridge        | TN    | 37830 | Ajulia        | (865) 801-2710 | Asander@aftermath.com     |
| 8387150                | 012  | Aftermath Services LLC | 3 Robinson Rd     | Ste B5        | Bow              | NH    | 03304 | Derek Foss    | (603) 731-3442 | Dfoss@aftermath.com       |
| 2162309                | 014  | Aftermath Services LLC | 305 Smith Dr      |               | Clayton          | OH    | 45315 | John Devries  | (248) 464-4845 | Jdevries@aftermath.com    |
| 8387150                | 018  | Aftermath Services LLC | 3251 Old          |               | Pittsburgh       | PA    | 15239 | Justin Penn   | (724) 472-6091 | Jpenn@aftermath.com       |
| 6170559                | 004  | Aftermath Services LLC | 3370 Monier Cir   | Ste 1         | Rancho Cordova   | CA    | 95742 | Serena        | (707) 803-0331 | Sreddick@aftermath.com    |
| 8387150                | 001  | Aftermath Services LLC | 3521 Vann Rd      | Ste 117       | Birmingham       | AL    | 35235 | Scott Mezera  | (904) 583-5101 | smezera@aftermath.com     |
| 2162309                | 008  | Aftermath Services LLC | 3546 Roger B      |               | Grand Rapids     | MI    | 49548 | John Devries  | (248) 464-4845 | Jdevries@aftermath.com    |
| 6170559                | 006  | Aftermath Services LLC | 3624 E Newby St   | Ste 101       | Nampa            | ID    | 83687 | Austling      | (208) 949-6804 | Aranzel@aftermath.com     |
| 2162309                | 004  | Aftermath Services LLC | 3674 IL-111       | Ste 111       | Granite City     | IL    | 62040 | Bella Stempf  | (618) 799-5259 | bstempf@aftermath.com     |
| 6170559                | 001  | Aftermath Services LLC | 3934 E 41st Pl    | Ste 6         | Yuma             | AZ    | 85365 | Felix Acosta  | (828) 785-6857 | Facosta@aftermath.com     |
| 8387150                | 013  | Aftermath Services LLC | 399 Route 9       |               | Bayville         | NJ    | 08721 | Paul Kahn     | (732) 642-7222 | Pkahn@aftermath.com       |
| 8387150                | 023  | Aftermath Services LLC | 4204D Eubank Rd   |               | Richmond         | VA    | 23231 | Meaghan       | (804) 712-0943 | McBrown@aftermath.com     |
| 8387150                | 007  | Aftermath Services LLC | 4250 Keith Bridge | Ste 120       | Cumming          | GA    | 30041 | Ethan Lewis   | (678) 913-5598 | Elewis@aftermath.com      |
| 2162309                | 005  | Aftermath Services LLC | 4302 E 10th Ave   | Ste 105       | Tampa            | FL    | 33605 | Tricia Byron  | (813) 857-4653 | Tbyron@aftermath.com      |
| 2162309                | 009  | Aftermath Services LLC | 4577 S Lapeer Rd  | Ste F         | Lake Orion       | MI    | 48359 | Todd Braun    | (810) 287-0359 | Tbraun@aftermath.com      |
| 6170559                | 002  | Aftermath Services LLC | 4640 E Elwood St  | Ste 9         | Phoenix          | AZ    | 85040 | Trave Herron  | (602) 515-2428 | Therron@aftermath.com     |
| 2162309                | 013  | Aftermath Services LLC | 4817 N 56th St    | Ste 21        | Phoenix          | AZ    | 85040 | Dylan Ellis   | (402) 360-9269 | Dellis@aftermath.com      |
| 6170559                | 013  | Aftermath Services LLC | 5044 Doniphan Dr  |               | El Paso          | TX    | 79932 | Scott         | (915) 702-3180 | Spartridge@aftermath.com  |
| 2162309                | 018  | Aftermath Services LLC | 540 Sandau Rd     | Ste 202       | San Antonio      | TX    | 78216 | Jodi Navin    | (210) 317-7303 | Jnavin@aftermath.com      |
| 2162309                | 002  | Aftermath Services LLC | 5485 NE 17th St   | Ste H         | Des Moines       | IA    | 50313 | Shane Salter  | (515) 230-8256 | Salter@aftermath.com      |
| 8387150                | 022  | Aftermath Services LLC | 5515              | Ste 360       | Columbia         | SC    | 29223 | Heather Dube  | (803) 940-7525 | Hdube@aftermath.com       |
| 6170559                | 007  | Aftermath Services LLC | 5600 McLeod Rd    | Ste D         | Albuquerque      | NM    | 87109 | Almee         | (505) 506-4111 | Asavillera@aftermath.com  |
| 2162309                | 005  | Aftermath Services LLC | 5745 W 85th St    |               | Indianapolis     | IN    | 46278 | Bella Stempf  | (618) 799-5259 | bstempf@aftermath.com     |
| 6170559                | 005  | Aftermath Services LLC | 6311 Washington   | Unit J        | Denver           | CO    | 80216 | Caden Blaine  | (913) 293-1822 | Cblaine@aftermath.com     |
| 8387150                | 002  | Aftermath Services LLC | 635 New Park      | Ste D4        | West Hartford    | CT    | 06110 | Bearin        | (860) 990-4292 | Bcwards@aftermath.com     |
| 8387150                | 016  | Aftermath Services LLC | 66 S 2nd St       | Ste F         | Bay Shore        | NY    | 11706 | Kevin Abrams  | (516) 690-3948 | Kabrams@aftermath.com     |
| 2162309                | 010  | Aftermath Services LLC | 680 Hale Ave N    | Ste 170       | Landfall Village | MN    | 55128 | Matthew       | (952) 300-1473 | Mesterson@aftermath.com   |
| 8387150                | 021  | Aftermath Services LLC | 712 Mount         | Ste 2         | Spartanburg      | SC    | 29307 | Tyler Brock   | (864) 310-1011 | Tbrock@aftermath.com      |
| 8387150                | 017  | Aftermath Services LLC | 75 S 13th Ave     |               | Cleona           | PA    | 17042 | Keith Bosse   | (774) 218-2998 | Kbosse@aftermath.com      |
| 2162309                | 020  | Aftermath Services LLC | 7523 Pebble Dr    | Bldg 24       | Fort Worth       | TX    | 76118 | Alyson        | (682) 288-9241 | Apoehler@aftermath.com    |
| 8387150                | 004  | Aftermath Services LLC | 7641 Hooper Rd    | Ste 5         | West Palm Beach  | FL    | 33411 | Anna Guzman   | (954) 369-7203 | Aguzman@aftermath.com     |
| 8387150                | 009  | Aftermath Services LLC | 8211 Baltimore    |               | Pasadena         | MD    | 21122 | Kevin Harris  | (443) 869-1441 | Kharris@aftermath.com     |
| 8387150                | 019  | Aftermath Services LLC | 860 Home Ave      |               | Alron            | OH    | 44310 | John Devries  | (248) 464-4845 | Jdevries@aftermath.com    |
| 2162309                | 003  | Aftermath Services LLC | 90 Templeton Dr   |               | Oswego           | IL    | 60543 | Joe Burghardt | (630) 648-8041 | Jburghardt@aftermath.com  |
| 6170559                | 003  | Aftermath Services LLC | 9155 Archibald    | Ste 903       | Rancho Cucamonga | CA    | 91730 | Genine        | (714) 381-0625 | Gmanosline@aftermath.com  |
| 2162309                | 021  | Aftermath Services LLC | N16 W 22040       | Ste 3         | Waukesha         | WI    | 53186 | Tracy Tims    | (262) 269-9076 | Tims@aftermath.com        |
| new                    | new  | Aftermath Services LLC | 1201 Major St.    | 0             | Normal           | IL    | 61761 | Bella Stempf  | (618) 799-5259 | bstempf@aftermath.com     |
| new                    | new  | Aftermath Services LLC | 1740 H Harmon     | 0             | Columbus         | OH    | 43223 | Nickolas      | (618) 799-5259 | nmendilara@aftermath.com  |
| New                    | New  | Aftermath Services LLC | 2856 Lamb Place   | 0             | Memphis          | TN    | 38118 | Dylan Ellis   | (402) 560-9269 | ellis@aftermath.com       |





**AMENDMENT TO MASTER SERVICE AGREEMENT  
BETWEEN AFTERMATH SERVICES LLC.**

**AND**

**STERICYCLE, INC.**

This Amendment to the Master Service Agreement ("Amendment") is dated April 1, 2023 ("Effective Date"), between Aftermath Services LLC. ("Client") and Stericycle, Inc. ("Stericycle").

**WHEREAS**, Client and Stericycle are parties to a certain Agreement with an effective date of February 1, 2022 (the "Agreement"), wherein Stericycle provides Regulated Medical Waste Service to Client as more specifically set forth in the Agreement; and

**WHEREAS**, Client and Stericycle are both desirous of amending such Agreement in the manner which is more fully set forth below.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration Client and Stericycle hereby agree to amend the Agreement as follows:

1. Attachment A is hereby amended as follows:

| Account Number | Account Site | Address                             | City           | State | Zip   | Service Frequency | SteriSafe Program | Container Allotment | SteriSafe Fee |
|----------------|--------------|-------------------------------------|----------------|-------|-------|-------------------|-------------------|---------------------|---------------|
| 2162309        | 024          | 3814 Acushet Drive                  | Corpus Christi | TX    | 78413 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 2162309        | 025          | 2840 Oregon St                      | Oshkosh        | WI    | 54902 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 2162309        | 026          | 6110 Merger Drive                   | Holland        | OH    | 43528 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 8387150        | 026          | 4207 Milgen Road Unit 3             | Columbus       | GA    | 31907 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 6170559        | 016          | 1200 Lawrence Drive Units 440 & 445 | Newbury Park   | CA    | 91320 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 6170559        | 015          | 1939 W 2nd Ave Suite B-1            | Eugene         | OR    | 97402 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 2162309        | 023          | 13243 Puppy Creek Dr Ste 6          | Springdale     | AR    | 72762 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |
| 6170559        | 014          | 12341 S Friebus Ste 19              | Tucson         | AZ    | 85713 | Every 4 Weeks     | Budget            | 120                 | \$ 220.90     |

2. All terms and provisions of the Agreement, except as modified and amended hereby, shall remain in full force and effect.
3. All terms not defined in this Amendment shall have the meaning ascribed to them in the Agreement, as amended.

IN WITNESS WHEREOF, this Amendment has been duly executed by the day, month and year written below.

**AFTERMATH SERVICES LLC.**

DocuSigned by:  
Signature: Tom Montalbano  
Name: Tom Montalbano  
Title: Controller  
Date: 4/7/2023

**STERICYCLE, INC.**

DocuSigned by:  
Signature: Scott DeBoor  
Name: Scott DeBoor  
Title: National Account Manager  
Date: 4/7/2023

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

**AFTERMATH SERVICES LLC**

**2** Business name/disregarded entity name, if different from above.

**dba: ServiceMaster BioClean**

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ **LLC.** Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **P**

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

**5** Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

**75 EXECUTIVE DRIVE, SUITE 200**

**6** City, state, and ZIP code

**AURORA, IL 60504**

**7** List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

**Employer identification number**

4 6 - 1 5 0 9 7 2 0

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign a certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person

*Steve Folt*

Date **01/02/2025**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they





# CERTIFICATE OF LIABILITY INSURANCE

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

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).

| <b>PRODUCER</b><br>MARSH USA, LLC.<br>TWO ALLIANCE CENTER<br>3560 LENOX ROAD, SUITE 2400<br>ATLANTA, GA 30326<br><br>CN131651218--GAWU-25-26 | <b>CONTACT NAME:</b> Joseph Wagers<br><b>PHONE (A/C, No, Ext):</b><br><b>E-MAIL ADDRESS:</b> Joseph.Wagers@marsh.com<br><b>FAX (A/C, No):</b>  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
|--|--|-------------------------------|--------|----------------------------------|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Aftermath Services LLC<br>Dba ServiceMaster BioClean<br>75 Executive Drive, Suite 200<br>Aurora, IL 60504                  | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Admiral Insurance Co</td><td>24856</td></tr><tr><td>INSURER B : Hartford Fire Insurance Co</td><td>19682</td></tr><tr><td>INSURER C : Berkshire Hathaway Homestate Insurance Company</td><td>20044</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Admiral Insurance Co | 24856 | INSURER B : Hartford Fire Insurance Co | 19682 | INSURER C : Berkshire Hathaway Homestate Insurance Company | 20044 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER A : Admiral Insurance Co   | 24856  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER B : Hartford Fire Insurance Co   | 19682  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER C : Berkshire Hathaway Homestate Insurance Company   | 20044  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER D :  |  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER E :  |  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |
| INSURER F :  |  |                               |        |                                  |       |  |       |  |       |             |  |             |  |             |  |

**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005675792-07      **REVISION NUMBER:** 4

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

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVD  | POLICY NUMBER                             | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS  |
|----------|---|---|---|--------------------------|--------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |   | FEI-ECC-35409-03                          | 11/01/2025               | 11/01/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>Deductible Value: \$ 20,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                               |   | 20 UEN EM0556 (AOS)<br>20 UEN BF8NWM (MA) | 11/01/2025<br>11/01/2025 | 11/01/2026<br>11/01/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Deductible Value: \$ 3,000   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |   |   |                          |                          | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N <input type="checkbox"/> A | AFWC658035 (AOS)                          | 01/15/2025               | 01/15/2026               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)**

Department of Natural Resources and Environmental Control, Compliance and Permitting Section is/are included as additional insured where required by written contract with respect to auto liability.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Department of Natural Resources and Environmental Control<br>89 Kings Highway<br>Dover, DE 19901 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Marsh USA LLC</i> |
|---|---|

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## 1.9 Aftermath Services LLC, powered by ServiceMaster BioClean Spill Plan

### Procedure: Biohazardous & Infectious Waste Storage Spill Management Plan

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#### 1. INTRODUCTION

The services provided by Aftermath Services LLC ("AMS") include the cleanup and decontamination for the following trauma and crime scenes: homicide, suicide, gross filth, unattended deaths, personal accidents, and industrial accidents. This list is not intended to be a complete list of the situations in which AMS will respond to for cleaning and decontamination. No waste generated by Aftermath Services LLC may be recycled. Please visit our website at [www.aftermath.com](http://www.aftermath.com) for more information about AMS.

#### 2. PURPOSE

The purpose of this spill management plan is to establish protocols for all AMS Supervisors and Technicians in the event there is a spill of biohazardous and infectious waste at the storage site.

#### 3. PREVENTATIVE MEASURES

All AMS Supervisors and Field Technicians are trained in the proper handling and storage of biohazardous and infectious waste so as to minimize the risk of a spill. Specifically, the following procedures will be followed so as to minimize the risk of a spill in the transport vehicle:

- 3.1. Biohazardous and infectious waste will be packaged in red plastic bags and contained in sturdy corrugated cardboard bio-boxes with lids that close to prevent any contact with the red bag contents. All required bags and containers needed will be accounted for in the inventory on the van prior to beginning the work. Any waste that can be recycled shall be recycled, however no waste that is considered biohazardous may be recycled.
- 3.2. The red plastic bags shall be leak resistant, impervious to moisture, of sufficient strength to prevent tearing or bursting under normal conditions of use and handling, sealed to prevent leakage, and be puncture resistant for sharps.



- 3.3. All containers will be inspected prior to loading onto the permitted vehicle to ensure the containers are properly packaged and marked.
- 3.4. Biohazardous and infectious waste will be stored in an area that is secured from unauthorized access.
- 3.5. The storage area for biohazardous and infectious waste will be kept clean and impervious to rodents, insects, and odor.

#### 4. SPILL CONTAINMENT AND CLEANUP PROCEDURES

The following containment and cleanup procedures shall be employed by Aftermath Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 4.1. Isolate the spill by securing the area to prevent unauthorized entry
  - 4.1.1. If spill occurs when vehicle is in shop location, close and lock all shop access doors and place a written notification that there is to be no entry until further notice.
  - 4.1.2. If the spill is in a public area (job site, parking lot) isolate the affected area using physical barriers (if available). If no physical barriers available, make sure to isolate the area by taping it off with caution tape.
- 4.2. Obtain a spill kit from your storage location. Due to the nature of our work, both Aftermath's vehicles and shops are stocked with the items needed to clean up a spill. In the event of a spill, obtain the necessary spill kit items from either your vehicle or shop inventory.
- 4.3. Spill Kit Contents:
  - 4.3.1. Gloves
  - 4.3.2. Tyvek Suit
  - 4.3.3. Full Face Respirator or CAPR
  - 4.3.4. Face Shield
  - 4.3.5. Absorbent Material (towels)
  - 4.3.6. ProKure V Disinfectant
  - 4.3.7. Biohazard bags
  - 4.3.8. Biohazard boxes
- 4.4. Verify the area is secured and isolated before beginning cleanup.
- 4.5. Put on the level of personal protective equipment deemed appropriate to safely and effectively handle and remediate the spill involved.
- 4.6. Place absorbent material (towels) around the perimeter of the spilled material so they completely encircle the spill.
- 4.7. Use the absorbent materials to mop up/absorb the spilled material. Place in biohazard bag.
- 4.8. Clean up any remaining dust, debris, etc. Make sure the surface where the spill occurred is clean. Absorbents, towels, and anything else used in this step should be placed in a biohazard bag.
- 4.9. Apply disinfectant to the affected area. Make sure the disinfectant remains in contact with the surface area for ten (10) minutes.
- 4.10. Using absorbent materials, mop up disinfectant and place material in biohazard bag.

- 4.11. Place used absorbent materials and all other waste generated during the cleanup into biohazard bag. Place all biohazard bags in biohazard boxes.
- 4.12. Any non-disposable items shall be cleaned using disinfectant use in the spill cleanup and allowed to air dry.
- 4.13. Remove personal protective equipment and place in biohazard bags along with any other disposable equipment items.
- 4.14. Place all biohazard bags in biohazard boxes. Process as any other infectious waste.

## 5. REPORTING PROCEDURES

The following reporting procedures shall be employed by AMS Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 5.1. Once the spill has been contained and cleaned, the Supervisor shall immediately complete a Biohazardous and Infectious Waste Spill Report Form (See Attachment A).
- 5.2. Upon completion of the Biohazardous and Infectious Waste Spill Report Form, the Supervisor shall immediately contact Michael Vena (Sr. Manager EHS & Compliance) at the Corporate Office (630-405-5160) to report the spill. If the spill occurs after normal business hours, the Supervisor will notify his Project Manager. The Supervisor shall also provide Patrick Janis a copy of the completed Biohazardous and Infectious Waste Spill Report Form.
- 5.3. Both the Supervisor and Aftermath's Corporate Office shall retain copies of all Spill Report Forms for a period of three (3) years.

## 6. TRAINING

- 6.1. All Aftermath Services LLC field employees will be trained in this procedure (spill prevention and response) and the training will be documented and emailed to [training@aftermath.com](mailto:training@aftermath.com).
- 6.2. The responsibility for this training is with the Areal Manager.
- 6.3. Hands-on exercises that demonstrate proper storage and cleanup shall be included in the training.

## 7. EMERGENCY RESPONSE CONTACTS

- Aftermath Services LLC powered by ServiceMaster BioClean Corporate Office – (630) 551-0735
- Aftermath Services LLC powered by ServiceMaster BioClean 24-Hour Toll Free Number – (877) 897-5995
- Local Emergency Response – 911

## 8. REVISION AND APPROVAL

| Rev. | Date          | Nature of Changes                                  | Approved By      |
|------|---------------|--|------------------|
| 0    | 3 April 2017  | Original issue.                                    | Patrick J. Janis |
| 1    | 25 March 2020 | Updated training requirements to include hands-on. | Patrick J. Janis |
| 2    | 23 June 2025  | Updated dba Name throughout                        | Michael J. Vena  |

## 9. PROCEDURE REVIEW



- 9.1. This procedure shall be reviewed by the Sr. Manager Safety & Compliance at least every three years for regulatory compliance and effectiveness, and updated as necessary.



Biohazardous and Infectious Waste Spill  
Report Form  
Rev. 1

Name of Supervisor Submitting Report: \_\_\_\_\_

Date of Spill: \_\_\_\_\_

Time of Spill: \_\_\_\_\_ Location of Spill: \_\_\_\_\_

Aftermath

Employees involved in Spill Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporting Supervisor: \_\_\_\_\_

.....  
CORPORATE OFFICE USE ONLY

Date/Time Supervisor Reported Spill to Corporate: \_\_\_\_\_

Date Spill Report Received by Corporate: \_\_\_\_\_

Signature/Date of Corporate Review: \_\_\_\_\_

**EMERGENCY RESPONSE INFORMATION**

The Aftermath Emergency Response contact are the following:

1. Local Emergency Response - 911
2. Aftermath Services LLC 24-Hour Toll Free Number – (877) 897-5995
3. Aftermath Services LLC 24-Hour Emergency Response Number – (800) 366-9923
4. Bryan Warcholek – Sr. Director Operations Support – (815) 557-7837

An incident report form as well as specific emergency response procedures are provided within this plan.

## Davis, DaQuan (DNREC)

---

**From:** Michael Vena <mvena@aftermath.com>  
**Sent:** Wednesday, January 21, 2026 11:35 AM  
**To:** WHStranporters  
**Subject:** RE: [External] Delaware Solid Waste Transporter Permit (Aftermath Services LLC)  
**Attachments:** MCS-90 Form - DE.pdf  
  
**Importance:** High

Morning DaQuan,

Please see attached.

Sincerely,



**Michael J. Vena, MBA**  
Sr. Manager EHS & Compliance  
Aftermath Services®

MVena@aftermath.com | (630) 927-9477  
aftermath.com

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Monday, January 5, 2026 1:30 PM  
**To:** Michael Vena <mvena@aftermath.com>  
**Subject:** RE: [External] Delaware Solid Waste Transporter Permit (Aftermath Services LLC)

Hello, that is a certificate of insurance. I need the form below:



USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Requirement with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to provide information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting burden for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980

# FORM MCS-90

Issued to \_\_\_\_\_ of \_\_\_\_\_  
(Motor Carrier name) (Motor Carrier state or province)

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Amending Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

From: Michael Vena <[mvena@aftermath.com](mailto:mvena@aftermath.com)>  
Sent: Monday, January 5, 2026 11:52 AM  
To: WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
Subject: RE: [External] Delaware Solid Waste Transporter Permit (Aftermath Services LLC)  
Importance: High

Morning,

Is this what you need DaQuaun?

Auto policy is on here as well.

Sincerely,

**Aftermath**<sup>®</sup>  
Specialists in Trauma Cleaning & Biohazard Removal

Michael J. Vena, MBA  
Sr. Manager EHS & Compliance  
Aftermath Services<sup>®</sup>

[MVena@aftermath.com](mailto:MVena@aftermath.com) | (630) 927-9477  
[aftermath.com](http://aftermath.com)

---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Monday, January 5, 2026 11:44 AM  
**To:** Compliance <[compliance@aftermath.com](mailto:compliance@aftermath.com)>  
**Subject:** [External] Delaware Solid Waste Transporter Permit (Aftermath Services LLC)

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 requires updating. Please address the item listed below:

- **Section 10-**Please provide the MCS-90 endorsement form that has Aftermath Services LLC's automobile liability insurance policy number on it.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



**DaQuan L. Davis**  
Environmental Scientist  
Division of Waste and Hazardous  
Substances

✓ 302-739-9403  
✉ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)  
📍 89 Kings Hwy SW, Dover, DE 19901  
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





USDOT Number: \_\_\_\_\_ Date Received \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

# FORM MCS-90

Issued to AFTERMATH SERVICES, LLC of DELAWARE  
(Motor Carrier name) (Motor Carrier state or province)

Dated at WEDNESDAY on this 21ST day of JANUARY, 2026

Amending Policy Number: 20 UEN EM0556 Effective Date: 11/01/2025

Name of Insurance Company: HARTFORD FIRE INSURANCE COMPANY

Countersigned by: Suean L. Castaneda  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: \_\_\_\_\_

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

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