

RECEIPT

DATE

12/30/25

No.

635830

RECEIVED FROM

The Cutting Edge of Delaware

\$1550.00

One thousand five hundred fifty and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

DE-SW-1266

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT

CARD

FROM

7532

TO

BY

M.M.



RECEIVED

DEC 30 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:

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- 1266 Expiration Date 12/31/25

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 The Cutting Edge of Delaware Inc.

Location Address:	Mailing Address:
511 5th st.	Pobox 104
Delaware City,De. 19706	Port Penn,De. 19731

Contact: Brian Migliavacca Title: Operation manager

Business Phone: 302-834-8723 Fax: 302-834-2969

E-mail: cuttingedgeofdelawarebrian@verizon.net

24 hr Emergency Contact Phon [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: Port Penn State: Delaware Date: 1/28/2000
 Municipality
 Public institution
 Limited Liability Corporation (LLC) State: _____
 Other: (must specify) _____

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

Attachment _____

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

Attachment _____
 No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste? Yes No

(b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

Delaware Solid Waste Authority locations: (attachment) _____

Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)

Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)

Other in-state solid waste facilities, including private facilities: (attachment) _____

Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

(a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

Attachment _____

Not applicable-No transporter permit required for these solid waste types in our home state.

(b). List solid waste transporter permits held in other states.

Attachment _____

No transporter permits in other states

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

DOT# 1610239 MC# 882786

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

10. Proof of Financial Responsibility

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

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

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

(c). Do you transport Interstate? Yes No

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00	<input checked="" 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 X

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

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

Driver Training, attachment X

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

Attachment _____
 No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 12/11/25
Print Name Sean Johnston Title President

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

VEHICLE INFORMATION - See Item 13 of the application.

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

**The Cutting Edge of Delaware
P.O Box 104
Port Penn, DE 19731**

Stephen DiVirgilio
Co-Owner
PO Box 104 Port Penn, DE 19731

[REDACTED]
50% Ownership

Sean Johnston
Co-Owner
PO Box 104 Port Penn, DE 19731

[REDACTED]
50% Ownership

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.



CERTIFICATE OF LIABILITY INSURANCE

CUTTEDG-01

STHOMPSON

DATE (MM/DD/YYYY)
12/10/2025

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

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

PRODUCER New Castle Insurance Ltd 621 Delaware Street New Castle, DE 19720	CONTACT: Stephanie Thompson PHONE (A/C, No. Ext): (302) 328-6111 112 FAX (A/C, No.): (302) 322-3124 E-MAIL: sthompson@newcastleinsure.com ADDRESS:
INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Company 23043 INSURER B: Palms Specialty Insurance Company Inc 17327 INSURER C: Silver Oak Casualty, Inc. 31763 INSURER D: INSURER E: INSURER F:	
INSURED The Cutting Edge of DE, Inc. Cutting Edge Holdings P.O. Box 104 Port Penn, DE 19731	

INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input checked="" type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:		BKS64397208	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex. Condominium) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAS64397208	3/9/2025	3/9/2026	COMBINED SINGLE LIMIT (Ex. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		SPCX5-00106-25	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER: \$ 5,000,000	
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> FICER/OWNER EXCLUDED? (Mark with an X in the box) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/>	N / A	SVWCDE3353372025	3/9/2025	3/9/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER	CANCELLATION
Delaware Solid Waste Authority 1128 South Bradford Street P.O. Box 455 Dover, DE 19903-0455	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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The Cutting Edge of Delaware Inc.

Spill control / Response Plan

- 1) Spill control and safety equipment carried
 - A) Reflectors and or flairs
 - B) Fire extinguisher
 - C) First aid kit
 - D) Gloves, hard hat, safety vest
 - E) Flashlight
- 2) All loads are to be covered / trapped to prevent discharge of waste during transport to disposal facility.
- 3) Drivers are to perform a pretrip inspection
- 4) In the case of an accident or emergency which causes any portion of the load to spill, the driver (if able) will contact the following company coordinator:
 - 1) Brian Migliavacca Manager
 - 2) Sean Johnston Co Owner
 - 3) Steve DiVirgilio Co Owner
- 5) The designated coordinator will contact state /municipal authorities. If spill occurs which poses environmental damage from oil, fuel, hydraulic fluid the coordinator will contact.
 - 1) Waste masters solutions for Hazmat clean up Jake Masterson - 302-598-8738
 - 2) State Emergency response 911
- 6) The coordinator will contact the following for clean up services
 - 1) The Cutting Edge of Delaware INC.

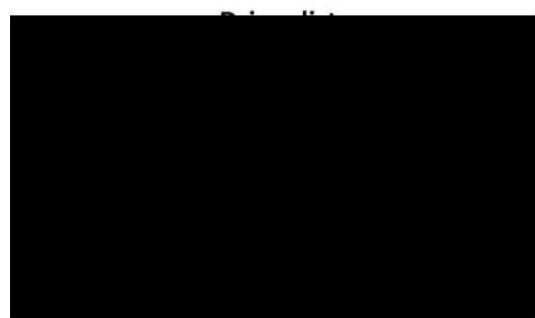
THE CUTTING EDGE OF DELAWARE INC.

P.O. Box 104

Port Penn, De. 19731

(302)834-8723 Fax (302)834-2969

www.cuttingedgeofdelawarebrian@verizon.net



Manager

Davis, DaQuan (DNREC)

From: Veronica Micucio <vmicucio@newcastleinsure.com>
Sent: Thursday, February 5, 2026 12:33 PM
To: Davis, DaQuan (DNREC)
Cc: cuttingedgeofdelawarebrian@verizon.net
Subject: Dept of Natural Resources & Environmental
Attachments: Cutting Edge of Delaware 25-26 cert
Certificate.pdf

requested Dept of Natural Resources & Environmental certificate for Cutting Edge of DE attached

Veronica Micucio

Commercial Lines Account Executive
Coordinator of Certificates of Insurance (COI)

Phone 302-328-6111 extn. 138
Fax 302-322-3124
Web NewCastleInsure.com



621 Delaware Street
New Castle, DE 19720



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CUTTEDG-01

VMICUCIO

DATE (MM/DD/YYYY)
2/5/2026

CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER	CONTACT Stephanie Thompson	
	NAME: PHONE (A/C, No, Ext): (302) 328-6111 112	FAX (A/C, No): (302) 322-3124
INSURED	E-MAIL: sthompson@newcastleinsure.com	ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Liberty Mutual Insurance Company	NAIC # 23043
	INSURER B: Palms Specialty Insurance Company Inc	17327
	INSURER C: Silver Oak Casualty, Inc.	31763
	INSURER D:	
COVERAGES	INSURER E:	
	INSURER F:	

The Cutting Edge of DE, Inc.
Cutting Edge Holdings
P.O. Box 104
Port Penn, DE 19731

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKS64397208	3/9/2025	3/9/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BAS64397208	3/9/2025	3/9/2026	BODILY INJURY (Per person)	\$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		SPCX-00106-25	3/9/2025	3/9/2026	AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input checked="" type="checkbox"/> N N/A	SVWCDE353372025	3/9/2025	3/9/2026	X PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						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)
Federal DOT # 1610239

CERTIFICATE HOLDER

CANCELLATION

Dept of Natural Resources & Environmental Control Solid & Hazardous Waste Mgmt Branch
89 Kings Highway
Dover, DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to THE CUTTING EDGE OF DE INC

of PO BOX 104

PORT PENN, DE 19731

Dated at COLUMBIA, MD
on this 02 day of 07 2020

Amending Policy No. 58978861 Effective Date 02/07/2020

Telephone Number 410-953-8120 Countersigned by David M. Gray
Authorized Company Representative

Name of Insurance Company Ohio Security Insurance Company

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
\$ 750,000 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: 410-953-8120.

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, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980**

**SCHEDULE OF LIMITS
Public Liability**

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials; Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStrutters
Sent: Thursday, February 5, 2026 8:57 AM
To: 'Brian Migliavacca'
Subject: RE: Delaware Solid Waste Transporter Permit Application (Missing Information)

Categories: Egress Switch: Unprotected

Hello,

Will you also be sending an updated Certificate of Insurance today?



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
302-739-9403
WHStrutters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901
dnrec.delaware.gov



From: Brian Migliavacca <cuttingedgeofdelawarebrian@verizon.net>
Sent: Thursday, February 5, 2026 8:22 AM
To: WHStrutters <WHStrutters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application (Missing Information)

Brian Migliavacca 302-420-3099
Operation Manager
cuttingedgeofdelawarebrian@verizon.net

On Thursday, January 22, 2026 at 01:53:03 PM EST, WHStransporters <whstransporters@delaware.gov> wrote:

Hello,

Please address the items listed below:

- **Section 10: Provide** an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12-** Please provide driver training or years of driving experience. Driver training requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
 - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

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

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

WHTransporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHTransporters
Sent: Wednesday, December 31, 2025 10:29 AM
To: 'cuttingedgeofdelawarebrian@verizon.net' <cuttingedgeofdelawarebrian@verizon.net>
Subject: Delaware Solid Waste Transporter Permit Application (Missing Information)

Hello,

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

- **Section 10: Provide** an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12-** Please provide driver training or years of driving experience. Driver training requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.

(c). Describe how drivers are instructed in the following:

(i) Knowledge of proper handling procedures for the type of solid waste being transported.

(ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)

(iii) Familiarity with the conditions of the solid waste transporter's permit.

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

WHStransporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



The Cutting Edge of Delaware Inc.

Spill control / Response Plan

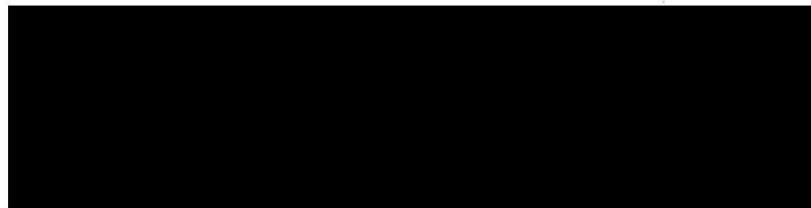
1) Spill control and safety equipment carried

- A) Reflectors and or flairs
- B) Fire extinguisher
- C) First aid kit
- D) Gloves, hard hat, safety vest
- E) Flashlight
- F) spill kit

2) All loads are to be covered / trapped to prevent discharge of waste during transport to disposal facility.

3) Drivers are to perform a pretrip inspection

4) In the case of an accident or emergency which causes any portion of the load to spill, the driver (if able) will contact the following company coordinator:



5) The designated coordinator will contact state /municipal authorities. If spill occurs which poses environmental damage from oil, fuel, hydraulic fluid the coordinator will contact.

1) Waste masters solutions for Hazmat clean up **302-324-0909**

2) State Emergency response **911**

6) The coordinator will contact the following for clean up services

1) The Cutting Edge of Delaware INC.



Driver training



Class A lic. Since 2019

Class A lic Since 2001