

RECEIPT

DATE

5/11/26

No.

332577

RECEIVED FROM

Metropolitan Waste Systems

\$

650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1954

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

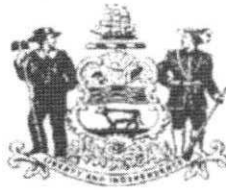
FROM

4353

TO

BY

M.M.



RECEIVED

MAY 11 2026

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- 1954 Expiration Date 06/30/2026

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 Metropolitan Waste Systems Inc.

Location Address:	Mailing Address:
5825 Tacony St.	148 E Street Rd.
Philadelphia Pa. 19135	Unit 241
	Feasterville Pa. 19053

Contact: Daniel Muladze Title: President

Business Phone: 215-744-1700 Fax: _____

E-mail: metrowastesystems@gmail.com

24 hr Emergency Contact Phone: 

4. Company Ownership Information

(a). Please indicate the company type:

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

City: Feasterville State: Pa. Date: 1/11/2020

- 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 100% owner

Daniel Muladze
148 E St rd Unit #241
Feasterville, PA 19053

(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) WM. DRPI

246 Marsh Ln.
New Castle Del. 19720

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 Pa. Dep. Act 90
- 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 Pa. Dep. Act 90
- No transporter permits in other states

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

DOT# 3419191 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 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 checked="" 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 type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment ✓ ,

12. Driver Training

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

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

Driver Training, attachment ✓ .

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
 Form 1099-Misc
 Other

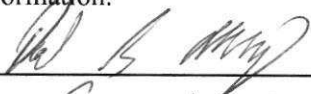
15. Environmental Record

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.

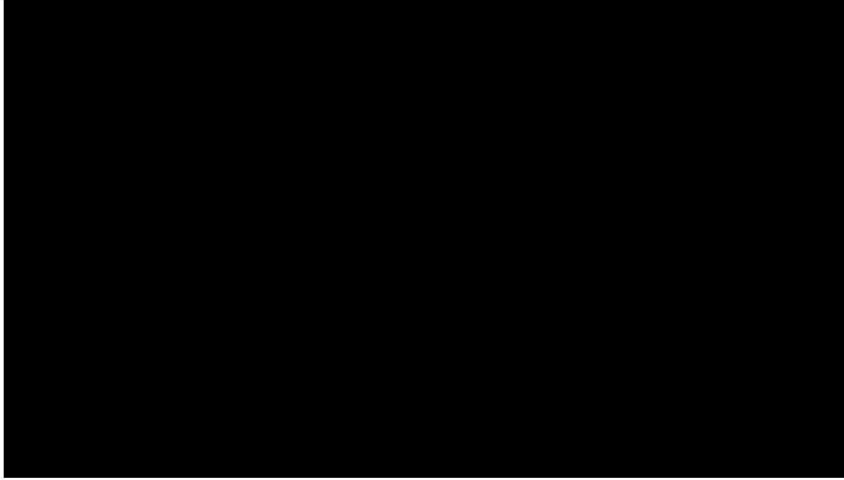
**Signature  Date 4/29/26
Print Name Davrel Mukadze Title owner

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

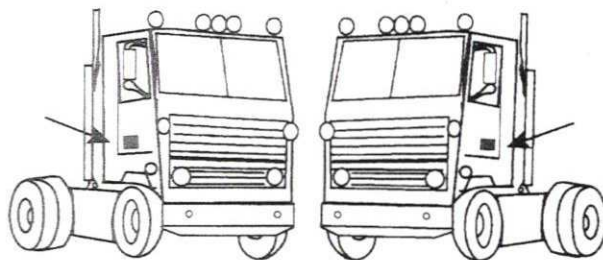
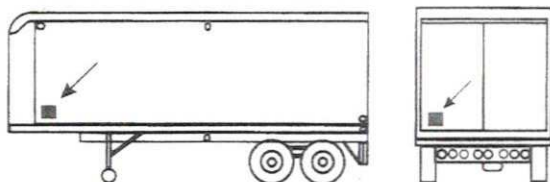
SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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

List of Vehicle Operators:



Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

0916262621

Phone No. (215)-815-7989

VIN# 3BPDLJ0X8SF739262
WH20916
Expires Aug 2026

METROPOLITAN WASTE SYSTEMS, INC.
DANIEL MULADZE
148 E STREET RD PMB 241
FEASTERVILLE TREVOSE, PA 19053-7604

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258.
A replacement fee is required.
Duplication or Photocopies of this original documentation are not valid.

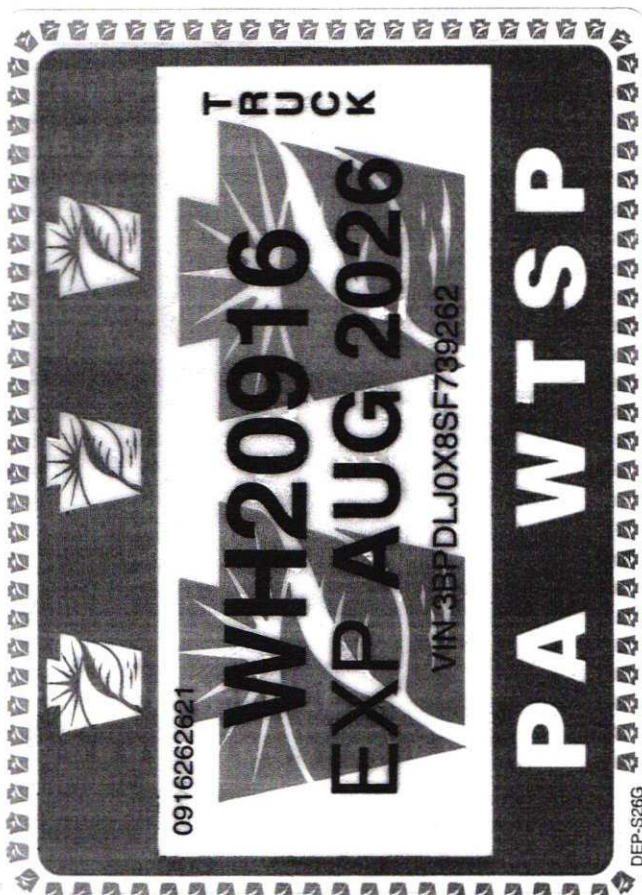
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



- APPLICATION INSTRUCTIONS
1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
 2. Remove Sticker From Carrier Sheet.
 3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.





Metropolitan Waste Systems
148 East Street Rd Unit 241
Feasterville-Treose PA 19053 USA
P#2157441700

Purpose of Our Waste Management Plan:

To encourage sustainable use of materials
To reduce waste and disposal costs
To be more efficient and cost-effective with materials
Improved workplace and public safety
Reduced legal and financial liability.
Improved community trust and relations.

Our Waste Management Hierarchy

Waste Management practices are prioritized in the following order.

Reduction
Re-use
Recycling
Recovery (use as fuel source)
Residual Disposal (clean field/landfill)

May 1, 2026

M.S.W.

Spill Control and Safety

All trucks shall have environmental spill kits with extra soak up pads/safety triangles and fire extinguishers.

In case of spill driver will attempt to divert and contain any and all hazardous liquid spills.

All drivers will call M.W.S office & then Delaware emergency reporting at:

1800-662-8802 & 302-739-9401

Contingency Plan

Metro Waste System

List of Emergency Response Agency

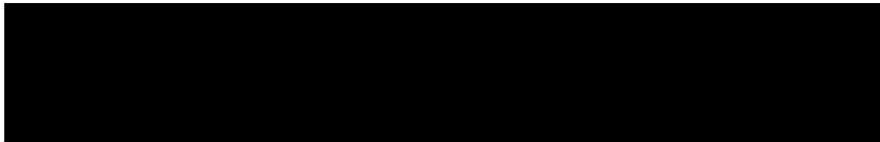
P.A. Department of Environmental Protection

1-717-787-4343 (24Hrs.)

P.A. Local Police and/or Fire Department

911 or 0 (operator)

Emergency Coordinator



Davis, DaQuan (DNREC)

From: Metro Waste Systems <info@workwithmws.com>
Sent: Monday, May 18, 2026 9:27 AM
To: Davis, DaQuan (DNREC)
Subject: Driver Training
Attachments: Scan_20260518.pdf

Good morning, Mr. Davis
Attached are the drivers training you asked for.
Let me know if anything else is needed.
Have a nice Day!

Thank you,
Deedee

Davis, DaQuan (DNREC)

From: WHStranporters
Sent: Wednesday, May 13, 2026 11:31 AM
To: METRO WASTE SYSTEMS
Subject: Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Hello,

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

- **Section 10** -You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability 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. 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

WHStranporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



PLEASE BE ADVISED UPON YOUR REQUEST TO ADDRESS THE FOLLOWING ITEMS:

8(c) WE DO NOT USE ANY OTHER OUT-OF-STATE FACILITIES ONLY DELAWARE

9(b) WE DO NOT HAVE ANY OTHER STATE SOLID WASTE TRANSPORTER PERMITS

ONLY STATE OF PENNSYLVANIA

10. WE DO NOT TRANSPORT PASSENGER, REGULATED PROPERTY AND/OR HOUSEHOLD GOODS OWNED BY OTHERS FOR COMPENSATION. WE DO NOT HAVE MC# ~~123~~

11. ATTACHED HERETO IS OUR UP DATED PRE-INSPECTION THAT YOU REQUESTED TO ADD.

12. ^{OVER}PROCEDURES FOR ANNUAL CHECKS OF DRIVING RECORDS ARE ATTACHED

CONTINGENCY PLAN

Metropolitan Waste Systems Inc.

List of Emergency Response Agency

P.A. Department of Environmental Protection

1-717-787-4343 (24hrs)

P.A. Local Police and / or Fire Department

911 or 0 (operator)

Emergency Coordinators


Eugene F Glover

Vakhtangi Mulad

DRIVER TRAINING REPLY:

- (a) ALL METROPOLITAN WASTE SYSTEMS, INC. DRIVER'S WHO HAULS C&D AND MSW TYPE OF WASTE TO THE STATE OF DELAWARE ARE REQUIRED TO HAVE A COMMERCIAL DRIVER'S LICENSE CLASS: A WITH NO SPECIAL ENDORSEMENTS. OUR COMPANY CONDUCTS WEEKLY SAFETY MEETINGS WITH THE DRIVERS UPDATING THEM WITH PROPER EQUIPMENT USE AND TO FOLLOW ALL SAFETY REQUIREMENTS.
- (b) OUR COMPANY DOES PRE-EMPLOYMENT QUERIES ON PROSPECTIVE DRIVERS AND REPORT ALL POSITIVE DRUG AND ALCOHOL TESTING RESULTS TO DOT VIA FOLEY. ALSO RUN ANNUAL QUERIES AND DRIVERS THROUGHOUT THE DURATION OF THEIR EMPLOYMENT WITH METROPOLITAN WASTE SYSTEMS, INC. TO DOT CLEARHOUSE.
- (c) DRIVER'S ARE RECEIVING PAPER COPY WORK ORDERS DAILY AND FOR TRACTOR TRAILER HAULERS PER TRIP WHICH SHOWS WHAT TYPE OF WASTE THEY ARE HAULING ON THAT DAY C&D OR MSW.
 - (i) DRIVERS ARE TRAINED TO MAKE SURE LOAD'S ARE SECURED AND PROPERLY TARPED AND THERE IS NO VIABLE LEAKAGE.
 - (ii) IN THE EVENT OF AN EMERGENCY OR RESIDUAL WASTE INCIDENT DURING TRANSPORTATION, THE TRANSPORTER/DRIVER WILL IMMEDIATELY NOTIFY THE STATE OR LOCAL POLICE AND COUNTY EMERGENCY MANAGEMENT OFFICIAL OF THE INCIDENT AND THE NATURE OF THE DISCHARGE OR RELEASE.
THE TRANSPORTER/DRIVER WILL NOTIFY THE DEPARTMENT OF THE INCIDENT PRIOR TO THE DISPOSAL OR PROCESSING OF SUCH WASTE. PROCESSING OR DISPOSAL. IT SHALL BE IN ACCORDANCE WITH CHAPTER 287.103 (RELATING TO EMERGENCY PROCESSING OR DISPOSAL.
 - (iii) DRIVERS ARE FAMILIAR THAT WASTE HAULING REQUIRES TRANSPORTERS PERMIT IN ORDER FOR THE COMPANY TO TRANSPORT C&D OR MSW AND THEY ARE REQUIRED TO HAVE CURRENT COPIES IN THE TRUCK WITH THE REST OF THE PAPERWORK.

DANIEL G MULADZE

x 
5/18/26

5/18/2026

M.S.W.

SPILL CONTROL AND SAFETY

All trucks shall have environmental spill kits with extra soak up pads/ safety triangles/ fire extinguishers.

Drivers must promptly divert and contain hazardous liquid spills.

All drivers will call Metro Waste Systems office & The Delaware emergency reporting # 1-800-662-8802

& 1-302-739-9401

Faint header text, possibly containing a title or reference number.

Main body of faint text, likely containing the primary information or details of the document.

DOI # 3419191

For Attachment 2021... of US...
See Attachment 2021...
See Attachment 2021...
See Attachment 2021...

Handwritten signature

Client#: 23998

METWA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Bean, Mason & Eyer, Inc.
600 Farm Lane
Doylestown, PA 18901
215 348-8141

CONTACT NAME: Robert J Natali
PHONE (A/C, No, Ext): 215 348-8141
FAX (A/C, No): 215-348-2342
E-MAIL:
ADDRESS:

INSURED
Metropolitan Waste Systems, Inc.
148 E. Street Road, Unit 241
Feasterville, PA 19053

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Atlantic Casualty Ins Co	
INSURER B:	National Specialty Ins Co	
INSURER C:	State Workers Ins Fund	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		L2660009633	01/16/2026	01/16/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CAR37000001560	01/11/2026	01/11/2027	COMBINED SINGLE LIMIT (Ea accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		10002855	03/12/2026	03/12/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER

CANCELLATION

Dept of Natural Resources & Environmental Control
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

Jeanne Marie Forest