

RECEIPT

DATE

6/15/26

No.

735804

RECEIVED FROM

Donlin Transport Inc.

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

 FOR RENT FOR

New DE-SW-2224

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

9192

TO

BY

M.M.



RECEIVED

JUN 05 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: 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

- Form checkboxes for permit types: New - SCRAP TIRES ONLY, New - ALL OTHERS, and Renewal.

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

ALL OTHERS

- Form checkboxes for permit terms and fees under both SCRAP TIRES ONLY and ALL OTHERS categories.

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 DonCin Transport Inc.

Location Address:	Mailing Address:
3478 Sunnyside Road	3478 Sunnyside Road
Manheim, PA 17545	Manheim, PA 17545

Contact: Dustin Heistand Title: President

Business Phone: 717-689-5129 Fax: _____

E-mail: DonCinTransportInc@gmail.com

24 hr Emergency Contact Phone: 717-689-5129

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: Manheim State: PA Date: 01/01/2000

- 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# 1625457 MC# 635812

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

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment _____

12. Driver Training

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

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

✓ Driver Training, attachment _____

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
- Form 1099-Misc
- Other

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 6/2/26
Print Name Dustin Heistand Title President

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

4 (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.

Dustin Heistand, President
3478 Sunnyside Rd
Manheim, PA 17545

100% ownership

8. Treatment, Storage, and Disposal Facilities
LCSWMA Incinerator, JG Environmental

12. 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);

All drivers have obtained their CDL Class A Drivers License. Driving records were reviewed prior to employment, and employer is notified of all driving infractions.

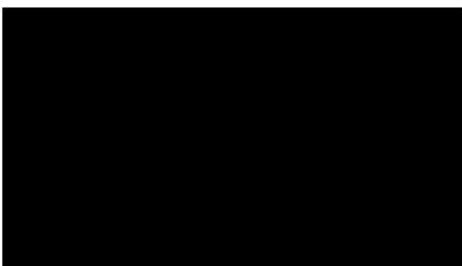
(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;

Drivers notify employer of driving infractions. If infractions are suspected, driver's records are researched as needed.

(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.

Prior to loads, drivers are verbally instructed of proper handling procedures for the type of solid waste being transported. Steps to be taken to contain accidental discharge and conditions of the solid waste transporter's permit are provided in written form.

14. Vehicle Operator Information Is a list of all vehicle operators attached?



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WASTE MANAGEMENT
**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
 AUTHORIZATION APPLICATION**

1JJV532DXEL791496	68000	WT	50
1JJV532DXHL976149	80000	WT	50
1JJV532W8WL441478	65000	WT	50
1NKWGGGG20J435659	80000	TT	50
1NKWGGGG20R472423	80000	TT	50
1NKZX4TX1LJ355274	73280	TK	100
1NKZX4TX9LJ298046	73280	TK	100
1NPXGGGG10D390243	80000	TT	50
1PT01JAH7V9007666	80000	WT	50
1S12E948X1D470815	65000	WT	50
1S12E9530YD467967	65000	WT	50
1S12E9531YD467959	65000	WT	50
1S8SD482270011811	80000	WT	50
1UYVS24827G255022	65000	WT	50
1UYVS24858G321516	65000	WT	50
1UYVS24868G321427	65000	WT	50
1UYVS2530DG515609	65000	WT	50
1UYVS2534EG930904	80000	WT	50
1UYVS2534P7977322	65000	WT	50
1UYVS2538DG459502	65000	WT	50
1UYVS2538EG012430	80000	WT	50
1XKWD49X1MR441373	80000	TK	100
1XKWD49X2NR492494	80000	TT	50
1XP5DU9X96N642129	80000	TT	50
2MN011AH371002782	65000	WT	50
3H3V532C3ET100185	80000	WT	50
3H3V532C6KR456011	80000	WT	50
3H3V532C8GT660092	80000	WT	50
3H3V532K4NS561151	80000	WT	50
5MAMN4623HW040254	80000	WT	50
5MAMN48207C012327	65000	WT	50
5MAMN48214C006838	65000	WT	50
5MAMN4821RW075289	65000	WT	50
5MAMN4822CC021900	80000	WT	50
5MAMN48234C007232	65000	WT	50
5MAMN4823LW050336	65000	WT	50
5MAMN4824TW086147	80000	WT	50
5MAMN4825NW060904	65000	WT	50
5MAMN4825TW087615	80000	WT	50
5MAMN4826KW047574	80000	WT	50
5MAMN4827DC024308	65000	WT	50
5MAMN48287C013841	80000	WT	50
5MAMN4828CC021898	80000	WT	50
5MAMN4828GC034401	80000	WT	50
5MAMN48293C005919	65000	WT	50
5MAMN48297C012326	80000	WT	50
5MAMN482X1C004758	65000	WT	50
5MAMN482X6C010521	80000	WT	50
5MAMN482X7C013842	65000	WT	50
5MAMN482XCC021899	80000	WT	50
5MAMN482XRW075288	80000	WT	50
5V8VC5323HM701818	65000	WT	50
5V8VC5328HM701815	65000	WT	50

PART C - INSURANCE INFORMATION

Insurance Company Name	Self Insured	Policy No.	Effective Date	Expire Date
Auto Owners Insurance	N	5450555800	05/18/2025	05/18/2026

PART E1 - COMPLIANCE HISTORY - PERMITS & LICENSE ACTIONS

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WASTE MANAGEMENT
**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
 AUTHORIZATION APPLICATION**

PART A - GENERAL APPLICATION INFORMATION
 APPLICATION TYPE: Renewal

APPLICANT INFORMATION

WH Number: WH17063	Employer ID#: 25-1849648	US DOT #: 1625457
Applicant Name:	DON CIN TRANSP INC	
Legal Name:	DON CIN TRANSPORT, INC.	
Business Street Address:	3478 SUNNYSIDE RD	
	MANHEIM, PA 17545-8315	
	US	
Highest Ranking Corporate Official:	DONALD L. HEISTAND	
Title:	PRES	
Telephone:	717-367-7514	
Extension:		
Fax:		
Cell Phone:	717-689-5129	
Primary Email Address:	BOSSDON69@COMCAST.NET	
Additional Email:	DONCINTRANSPORTINC@GMAIL.COM CINDYHEISTAND@COMCAST.NET	
Applicant Type Code:	Pennsylvania Corporation	

PART B - FLEET INFORMATION

DUSTIN HEISTAND, 3478 SUNNYSIDE RD, MANHEIM, PA 17545-8315
Email Address: BOSSDON69@COMCAST.NET
Phone: 717-367-7514

Vehicle Identification Number (VIN)	Gross Vehicle Weight	Vehicle Type	Amount
1B9A13328SB180178	65000	WT	50
1DW1A53201S484005	65000	WT	50
1DW1A5321YS324211	80000	WT	50
1E1U2Y288LR070815	65000	WT	50
1GRAA0621GJ651836	65000	WT	50
1GRAA06256W702501	80000	WT	50
1GRAA0627WB101811	65000	WT	50
1GRAA96203T501171	65000	WT	50
1GRAA96217B707854	65000	WT	50
1GRAA9623BT565204	80000	WT	50
1GRAA9627AB704254	80000	WT	50
1GRAP0620JD107607	65000	WT	50
1GRAP0629DT579508	80000	WT	50
1JVV482W26L016063	80000	WT	50
1JVV482W46L016050	80000	WT	50
1JVV482W74L877235	65000	WT	50
1JVV482W86L016052	80000	WT	50
1JVV482WX6L016053	80000	WT	50
1JVV532D1EL791693	68000	WT	50
1JVV532D1ML236547	65000	WT	50
1JVV532D6EL791673	68000	WT	50
1JVV532D7HL975833	65000	WT	50
New 1JVV532D8EL805329	68000	WT	50
1JVV532D8HL976148	80000	WT	50

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). Inspection of truck components including but not limited to tires/wheels, wet lines, engine compartment, and lights.
 - 2). Inspection of trailer components including but not limited to tires/wheels, tarps, tarping mechanisms, wet lines, and lights.
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: Dustin Heistand Phone: 717-689-5129
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)

Maryland:

New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.

Davis, DaQuan (DNREC)

From: Dustin Heistand <doncintransportinc@gmail.com>
Sent: Tuesday, June 9, 2026 10:53 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: 2027, 06-30 - MCS-90.pdf

Good morning,
Attached is the MCS-90. Please shred the check, and we will issue a new one asap.
Thanks!

On Mon, Jun 8, 2026 at 2:44 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

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

- **Section 1**-New transporters must select one year for \$350.00, and you sent us a check for **\$650.00**. Please mail a check for \$350.00. Would you like me to shred the other check? Please provide an answer.
- **Section 10**- Please provide an MCS-90 endorsement form with the automobile liability policy number 5450555800.

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

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHSttransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Dustin Heistand
DonCinTransport

717-689-5130 | DonCinTransportInc@gmail.com | MC # 635812

Create your own [email signature](#)



For FMCSA Use 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, Financial Responsibility Filings 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.



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 Doncin Transport Inc of Pennsylvania 1625457 (Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 10:30 pm on this 9th day of June, 2026

Amending Policy Number: 54-505558-00 Effective Date: 05/18/2026

Name of Insurance Company: Auto-Owners Insurance Company

Countersigned by: Mark Collins (authorized company representative) Digitally signed by Mark Collins Date: 2026.06.09 10:25:17 -0400

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 \$ 750,000.00 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: 517-323-1200

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://www.fmcsa.dot.gov/registration.

(continued on next page)

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.

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 anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 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 10,001 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 10,001 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 10,001 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

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.