RECEIPT

DATE 6-29-26 No. 735831

RECEIVED FROM Wolverine Waste $ 350.00

three hundred and fifty and 00/ DOLLARS

○ FOR RENT
○ FOR DE-SW-2068

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
○ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM # 214 TO

BY JWS

3-11

DELAWARE DEPARTMENT OF
NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL

89 Kings Highway
Dover, DE 19901
302-739-9403
dnrec.delaware.gov

RECEIVED
JUN 29 2026
DNREC - WHS

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- 2068_____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	ALL OTHERS
☐ One Year - $75.00	■ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☐ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☐ Five Years - $275.00	☐ 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 Wolverine Waste Services LLC_____

Location Address:	Mailing Address:
4376 Kirkwood St. Georges Rd. Bear DE, 19701	229 Rushes Drive Bear DE, 19701

Contact: Brian Morgan_____Title: Owner_____

Business Phone:302-620-9224_____Fax:_____

E-mail: Wolverinewaste@mail.com _____

24 hr Emergency Contact Phone: [redacted]_____

4. Company Ownership Information

(a). Please indicate the company type:
- ☐ Proprietorship
- ☐ Partnership
- ☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

  City: _____State: _____Date: _____
- ☐ Municipality
- ☐ Public institution
- ■ Limited Liability Corporation (LLC) State: DE_____
- ☐ Other: (must specify)_____

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

■ Attachment 4b_____

(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 5_____
☐ 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) 8b___
☐ 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# 3768235_____MC# N/A- Intrastate only, we do not cross state lines_____

☐ 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 ☐	$300,000.00 ■
Commercial Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$300,000.00 ☐
Scrap Tires Only	$300,000.00 ☐	$300,000.00 ☐

11. Spill Control and Safety

List all spill control and safety equipment that 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 11____

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 12_____

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 6/28/26

Print Name Brian Morgan 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 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.

Wolverine Waste Services L.L.C.

Solid Waste Transporter Permit Application Attachments

Attachment 4b - Company Ownership Information

Name	Brian Morgan
Title	Owner
Mailing Address	229 Rushes Drive Bear, DE 19701
Date of Birth	[redacted]
% Ownership	100%

Attachment 5 - Company Locations in Delaware

Mailing Address	229 Rushes Drive Bear, DE 19701
Company Location	4376 Kirkwood St. George's Road Bear, DE 19701

Attachment 8b - Treatment, Storage, and Disposal Facilities

DSWA Locations

- Cherry Island Landfill
  1706 East 12th Street Wilmington, DE 19809

- Delaware Recycling Center
  1101 Lambson Lane New Castle, DE 19720

- DSWA Pine Tree Corner Transfer Station
  276 Pine Tree Road Townsend, DE 19734

Attachment 11 – **Spill control and safety**

Wolverine Waste Services L.L.C. Spill Control Plan

(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) Broom and shovel
7) Spare fuses

(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) ***Look at the overall truck.***
   Step back and examine it. Make sure it is not leaning to one side. Also, check all the lights, including turn signals, brake lights, headlights, warning lights, clearance lights, and safety lights.
2) ***Look under ther Vehicle***.
   Look for fluids on the ground, which may indicate a leak.
3) ***Look around the vehicle.***
   Check the fire extinguisher, safety triangles, tires, windshield, mirrors, etc. Also, make sure that the license plate is secure.
4) ***Check tools***.
   Make sure brooms, shovels, fire extinguishers, and other tools are properly secured to the truck.
5) ***Examine the truck.***

Check tires, wheels, rims, and lug nuts. Examine the chassis, springs, brakes, steering, fluid levels, belts, and hoses. Look at cables, chains, hooks, or forks on the vehicle.

6) ***Climb in the cab***.
Check the door, latch, interior lights, and condition of the seat. Also, give a second look at the windshield, side and rear windows, and mirrors for cracks. Check cameras and monitors. Make sure the lenses of the cameras are clean. Check the fuel/DEF level. Make sure the registration and insurance certificates are in the vehicle and up-to-date.

7) ***Start the engine***.
Listen to the engine for excessive or unusual noise and look for excessive smoke. Make sure gauges and warning devices are working. Check the horn, windshield wipers, perform a brake test, and test the parking brake. Place the vehicle in reverse to make sure the back up alarm is functioning.

8) ***Check the operating system.***
Cycle the compactor and make sure safety devices and warning devices are properly functioning. Check to make sure there are no hydraulic oil leaks.

9) ***Overall cleanliness of truck***.
Look for an accumulation of dirt or grease on the engine, transmission, or undercarriage. Store or discard loose items on the floor of the cab that could potential be cause for concern.

Drivers must be familiar with the trucks they operate. Management is committed to safety and requires a pre trip inspection everyday. Become familiar with it to help guide you through your inspections without missing anything. Skipping/missing items on the pre-trip will only increase the chances of an accident or breakdown.

(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: Brian Morgan
[redacted]

(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: N/A

New Jersey: N/A

(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.

Attachment 12 – Driver Training

Currently, I am the only driver at Wolverine Waste Services L.L.C. I have been driving commercial vehicles for more than 12 years, and in that time I have not received any points or violations. I have held hazmat and tanker endorsements, as well as the HAZWOPER 40 certification while cleaning up the Deepwater Horizon oil spill.

When the time comes to hire employees, we have procedures in place to hire applicants that are most qualified for the position. They will be required to become familiar with our spill control plan, the Transporter Permit, and DSWA Rules and Regulations. Along with that, they should have a clean driving record which will be checked prior to employment. This will also be checked every 6 months, and for any points or violations, they will be required to complete the necessary training that aligns with it.

I. ***Hiring***

* Interview;

* Reference check;

* Driver record check; (pre-employment/ every 6 months)

* License qualification check;

* Follow up on previous employment;

* DOT/Fit for work physical;

* Physical based on DOT qualifications and physical ability to perform essential functions of the job; and

* Drug testing

Upon hiring qualified employees, they will start off on a probationary period while we begin our orientation procedures.

II. ***Orientation***

* General overview of company and its philosophies;

* 90-day orientation;

* Safety standards;

* Company policies, including rules, regulations and procedures;

* Benefits;

* Drug and alcohol regulations and testing;

* Random testing;

* Post accident; and

* Reasonable suspicion.

After orientation, employees will then proceed with hands on training.

III. Hands-on training (in the yard with a supervisor learning the basics of roll-off truck operations), including:

* Pre- and post-trip inspections and equipment safety checks;

* Familiarization with equipment in a controlled environment;

* Procedures for hoisting containers onto trucks;

* Instruction on proper operation and driving of vehicles;

* Material handling;

* Learning how to off-load material;

* Identifying various materials; and

* Identifying where different materials belong at the facility.

Evaluate after one week, questions to ask

* Is the supervisor satisfied with progress?

* Is more time needed?

* Is this person suitable to hold this position?

* Is this person ready to move on to the next level of training?

Next, employees will begin road training with a qualified driver

New drivers should...

* Have one week of observation from the passenger seat;

* Learn the daily routine;

* Get to know where customers are;

* Familiarize themselves with basic controls inside the cab;

* Understand communication procedures using the two way radio;

* Learn to call in properly;

* Handle paperwork, such as filling out daily dockets, vehicle inspection reports and customer slips;

* Learn good customer service. New drivers should observe the little extras that need to be done for customer satisfaction;

* Learn proper interaction with customers. Drivers should have a neat appearance, as well as be calm and courteous

Evaluate: *Is the new employee ready to progress to the next step or is more time needed?*

Next, employees will get behind the wheel.

* Begin vehicle operation: three weeks or more if needed;

* Trainer observes;

* Reinforce the importance of paper work;

* Cover hands on safe operation of equipment;

* Study different equipment configurations;

* Learn to deal with potentially hazardous situations, such as when do you call for help.

* Emphasize the importance of teamwork, such as calling other drivers or dispatch for assistance;

* Learning the driver's specific responsibilities at each stop; and

* Get accustomed to procedure.

Final Evaluation: *Is the employee ready to go solo?*

* Is more time needed;

* Is this person suited or not suited for this type of work;

* Are company procedure's followed;

* Allow the driver to solo:

* Keep the driver close to base in case problems develop; and

* Over time, allow the driver to venture farther out.

Along with the training provided above, drivers will be encouraged to complete defensive driving courses, as well as continued education of the waste industry.

Employees must also Familiarize themselves with...

1. Spill Control Plan

2. Solid Waste Transporter Permit
3. DSWA Rules and Regulations

This will be MANDATORY FOR ANYONE SEEKING EMPLOYMENT WITH WOLVERINE WASTE SERVICES L.L.C

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.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
2012 Mack ST	RL	1m2au02c3cm006271	C29333 DE	72000	Own
2007 CCC TK	RL	1cycch4867t048130	C14267 DE	54000	Own

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/26/2026

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

PRODUCER	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
Progressive Insurance PO Box 94739, Cleveland, OH 44101	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Company	11770
INSURED	INSURER B :	
WOLVERINE WASTE SERVICES LLC 229 RUSHES DR SCARBOROUGH MANOR BEAR, DE 19701	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 876569150432695683D062626T190630 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$500,000
	☐ ANY AUTO							
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS	N	N	974017940	10/15/2025	10/15/2026	BODILY INJURY (Per person)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	See ACORD 101 for additional coverage details.	N	N	974017940	10/15/2025	10/15/2026	$	

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

CERTIFICATE HOLDER

Delaware Department of Natural Resources
and Environmental Control Compliance
Permitting Section
89 Kings Hwy
Dover, DE 19901

CANCELLATION

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

Mark Paul