RECEIPT

DATE 6-29-26 No. 735832

RECEIVED FROM Junk Away Junk Removal $350.00

three hundred and fifty and 00 DOLLARS

○ FOR RENT
○ FOR DE-SW-2117

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
✓ CHECK
○ MONEY ORDER
○ CREDIT CARD

628/311

FROM _____ 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

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- **2117** Expiration Date **June 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 **Junk Away Junk Removal & Hauling LLC**

Location Address:	Mailing Address:
106 S Ridge Ave Middletown, DE 19709	**106 S Ridge Ave Middletown, DE 19709**

Contact: **Robert Ferguson** Title: **Owner**

Business Phone: **(302) 354-1002** Fax: **N/A**

E-mail: **bobby@junkawaydelaware.com**

24 hr Emergency Contact Phone: **(302) 354-1002**

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 **Robert Ferguson, 100% sole owner,** [redacted]

(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 **One location: 106 S Ridge Ave Middletown DE 19709**
☐ 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) _____

DSWA Facilities: Cherry Island, Pine Tree, Sandtown, Milford

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# _____MC# _____

☒ N/A If N/A, please provide an explanation, on the following page, as to why you

Under weight requirements.

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 **Document attached.**

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 **Below**

DRIVER TRAINING
Junk Away Junk Removal & Hauling LLC
Middletown, Delaware
Delaware Solid Waste Transporter Permit No. DE-SW-2117

Junk Away Junk Removal & Hauling is a small, family-operated junk removal and hauling company. The owner and the field supervisor personally train and oversee all drivers and crew members. Because the company is a small owner-operated business, this experience-based, supervisor-led approach is used in lieu of a formal classroom training program, as permitted by the application instructions. The following summarizes the procedures used to ensure all company drivers are safe and competent.

(a) Licenses, special training, and ongoing programs

All drivers hold a valid Delaware driver's license.

Because of the size and weight of the company's vehicle-and-trailer setup, no company vehicle meets or exceeds the weight rating that would require a commercial driver's license (CDL). All drivers operate under a valid standard Delaware driver's license, and no CDL is required.

The company transports only non-hazardous residential, commercial, and dry (construction/demolition) waste. It does not transport asbestos-containing, infectious, or hazardous waste, so no asbestos or hazardous-materials training is required.

New drivers receive hands-on training from the field supervisor before operating independently, covering safe driving, load securement, proper lifting and handling, and company procedures.

The crew holds weekly safety check-ins and tailgate talks to review safe work practices, load securement, and incident prevention. Each morning before work begins, the crew reviews safety practices and completes a checklist walk-through of the truck and trailer to confirm the load and all equipment are secured and everything is in proper working order.

(b) Driving-record checks and progressive discipline

All drivers undergo a background check before driving for the company, and a clean driving record is required as a condition of operating company vehicles.

Driver motor vehicle records are reviewed periodically through the company's commercial auto insurance carrier as part of underwriting and policy renewal. Because a driver with a poor record directly affects the company's insurability and premiums, maintaining a clean driving record is a firm and ongoing requirement for everyone who drives for the company.

Drivers are required to promptly report any moving violations, license suspensions, or at-fault accidents to the company.

The company follows a progressive counseling and discipline policy: a documented verbal warning for a first minor infraction; a written warning for a repeat or more serious infraction; and suspension from driving duties or termination for continued violations or any infraction that jeopardizes safety or the company's insurance eligibility.

(c) Driver instruction

(i) Proper handling of the solid waste transported: Drivers are trained to load, secure, and cover/tarp loads to prevent discharge; to keep loads below the sides of the body or container; to recognize and refuse prohibited items (hazardous materials, liquids, etc.); and to transport waste only to permitted disposal facilities.

(ii) Familiarity with the accidental discharge containment plan: Each driver reviews the company's Spill Control Plan, knows the location of the spill and safety equipment on the vehicle, and knows the immediate corrective actions and notification steps. A copy of the plan is carried in every vehicle.

(iii) Familiarity with permit conditions: Drivers are briefed on the conditions of the company's Delaware Solid Waste Transporter Permit, and a copy of the permit is carried in each vehicle.

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

Vehicle Operators

[redacted]

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 **06/24/2026

Print Name **Robert Ferguson** 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). **Broom, shovel, rake, contracor bags, spill absorbant material, tarps, etc.**

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility. **YES**

(3) The driver will perform the following pre-trip inspections:
   1). **Confirm the load is properly secured, covered or tarped, not overfilled, and that the tailgate/doors and latches are closed and secure.**
   2). **Check tires, brakes, lights, and mirrors, and confirm the fire extinguisher, first aid kit, and spill/safety equipment are present and in working orc**

(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: **Robert Ferguson** Phon[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.*) **NO**

(7) This plan will be carried in all vehicles, along with the permit. **YES**

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
FORD F250 - 2020	Truck	1FT7W2B6XLED41102	C127057	10,000	Owned - Robert Ferguson

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2026

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
Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94306

CONTACT NAME:
PHONE (A/C, No, Ext): (855) 222-5919 **FAX (A/C, No):**
E-MAIL ADDRESS: support@nextinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Next Insurance US Company	16285
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Junk Away Junk Removal & Hauling LLC
106 S Ridge Ave
Middletown, DE 19709

COVERAGES **CERTIFICATE NUMBER:** 362222672 **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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		NXTYXD3C9R-02-GL	02/13/2026	02/13/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000.00 $100,000.00 $15,000.00 $1,000,000.00 $2,000,000.00 $2,000,000.00 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Contractors Errors and Omissions	X		NXTYXD3C9R-02-GL	02/13/2026	02/13/2027	Each Occurrence: Aggregate:	$25,000.00 $50,000.00

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

The Certificate Holder is Delaware Department of Natural Resources and Environmental Control. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Additional Insured privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

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

LIVE CERTIFICATE
Click or scan to view

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/24/2026

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.

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PRODUCER Alera Group Inc. 100 W. Commons Blvd, Ste 302 New Castle DE 19720	**CONTACT NAME:** Donna Joiner **PHONE (A/C, No, Ext):** 302-322-2261 **FAX (A/C, No):** 302-322-8285 **E-MAIL ADDRESS:** djoiner@cbmins.com
INSURED JUNKAWA-01 Junk Away Junk Removal & Hauling, LLC 106 South Ridge Ave Middletown DE 19709	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Progressive Insurance / 42919 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 393480295 **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			980948532	5/7/2026	5/7/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / ☐ NON-OWNED AUTOS ONLY						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/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

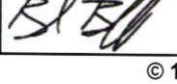
CERTIFICATE HOLDER

Delaware Department of Natural Resources and Environmental Control
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



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Progressive Insurance		WOLVERINE WASTE SERVICES LLC 229 RUSHES DR SCARBOROUGH MANOR BEAR, DE 19701
POLICY NUMBER 974017940		
CARRIER United Financial Casualty Company	**NAIC CODE** 11770	**EFFECTIVE DATE:** 10/15/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	$25,000/$50,000 ($10,000 PPI included)
Uninsured/Underinsured Motorist	$100,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2012 MACK 600 1M2AU02C3CM006271

Stated Amount $82,500

Comprehensive	$1,000 Ded
Uninsured Motorist Property Damage	$10,000 w/$250 Ded
Collision	$1,000 Ded

2007 CRANE CARRIER LOW ENTRY 1CYCCH4867T048130

Stated Amount $35,000

Comprehensive	$1,000 Ded
Uninsured Motorist Property Damage	$10,000 w/$250 Ded
Collision	$1,000 Ded