

RECEIPT

DATE

7/21/26

No.

735852

RECEIVED FROM

Town of Delmar

\$

650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-D103

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

90062

TO

BY

M.M.



RECEIVED

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

JUL 21 2026

DNREC - WHS

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- 0103 Expiration Date 09/30/2026

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 Town of Delmar

Location Address:	Mailing Address:
29750 Foskey Lane	100 S. Pennsylvania Avenue
Delmar, MD 21875	Delmar, MD 21875

Contact: Heather Chandler Title: Chief Financial Officer

Business Phone: (302) 846-2664 Fax: (410) 896-9055

E-mail: hchandler@townofdelmar.us

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: _____
☐ 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 N/A

(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 C
☐ 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) D
 - ☐ 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 N/A
- ☐ 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# 452205 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 ☐	\$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 A

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 B

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 Heather Chandler Date 06/22/2026
Print Name Heather Chandler Title Chief Financial Officer

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

VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]

Authorized Driver's List

		<u>Issuing State</u>	<u>License ID</u>	<u>Expiration Date</u>
		MD		
		DE		

**Town of Delmar, DE/MD - Public Works Department
Solid Waste Collection Guidelines
Driver Training, Spill Control Plan & Records Retention**



PURPOSE: The purpose of this instruction is to assure compliance with all Regulations Governing Solid Waste.

DRIVER TRAINING: In the transportation of municipal waste to a landfill a) all solid waste being transported shall be contained to prevent any accidental discharge and, b) Delmar Public Works Department will be responsible for all costs of cleaning up a discharge from the vehicle. Each driver shall review the guidelines contained herein periodically to assure compliance with the regulations to transport solid waste.

Drivers of Transportation Vehicles shall:

1. Have knowledge of current DOT Motor Carrier Safety Regulations and shall have a Commercial Driver's License (CDL).
2. Have a satisfactory driving record (in compliance with town's insurance company) to be permitted to operate a town vehicle; periodic reviews of driving records are performed by the insurance company.
3. Operate vehicles safely to avoid creating hazards to human health, safety, welfare or the environment including procedures described in these guidelines.
4. Ensure proper handling procedures for waste. The supervisor and/or senior Public Works employee will provide these guidelines to new employees and check their performance to assure correct procedures are being followed.
5. Be familiar with the Spill Control Plan included in these guidelines.
6. Be familiar with the conditions of the Solid Waste Transporter's permit.

Before leaving enroute to the landfill, the driver will check to assure the following:

1. Adequate fuel is contained in the fuel tank.
2. A walk-around inspection of vehicle to assure all safety equipment is operable and spill containment equipment is on board.
 - a) Safety Equipment - fire extinguisher, safety flares, safety triangles
 - b) Spill Containment Equipment - shovel, broom, rake, gloves, & trash bags
3. All necessary covers are properly secured.
4. The transporters permit number is displayed on both sides and rear of the truck. A copy of these guidelines shall be carried in each truck.

Town of Delmar, DE/MD - Public Works Department
Solid Waste Collection Guidelines
Driver Training, Spill Control Plan & Records Retention

SPILL CONTROL PLAN: The driver shall take all possible precautions to avoid any discharge of waste material between the town garage and the landfill area.

Safety Equipment - fire extinguisher, safety flares, safety triangles

Spill Containment Equipment - shovel, broom, rake, gloves, & trash bags

In the event of an accidental discharge of waste material, the following procedures shall be performed:

1. If the spill is along the roadside or on solid ground and can be removed and returned to the vehicle, estimate the weight or volumes of waste released and shovel it into the vehicle. If the released material is more than five pounds or more than 1 cubic foot in volume, make a note of where the spill occurred and what remedial action was taken. Inform the public works office of the spill for completion of a report that will be retained for a period of three (3) years.
2. If the spill occurs near a stream or wetlands and there is a chance that the waste material may enter the stream or wetlands, use the shovel to dyke around the spill to retain as much as possible.
3. Unless the driver is injured, he shall stay with the truck and spill except to phone Delmar Town Hall for further instructions. If the spill is massive, a front end loader will be dispatched to return the waste material to an undamaged truck for further transportation to the landfill.
4. In the event of the transported material catching fire, the truck shall be moved to the closest open space with bare level ground and the material dumped. Then the truck should be moved a sufficient distance from the burning material to protect the fuel tanks. Appropriate action to extinguish the fire, including calling a fire company, shall be performed and the incident must be reported to the Delmar Town Hall as soon as possible. If the solid waste spill cannot be immediately remedied, DNREC Division of Air and Waste will be contacted for advice and assistance.

Decontamination Procedures: When possible, trash truck drivers shall steam clean their vehicles on a daily basis at the wash area at the Delmar Wastewater Plant. Vehicles shall only be cleaned at this location to ensure that the contaminated water is collected and treated at the Wastewater Plant.

**Town of Delmar, DE/MD - Public Works Department
Solid Waste Collection Guidelines
Driver Training, Spill Control Plan & Records Retention**

RECORDS RETENTION: The following records must be kept for at least three (3) years:

1. Solid Waste Transporter's Permit
2. Documentation of training to driver
3. Insurance documents of sufficient coverage
4. Records of spills that exceed five (5) pounds or one cubic foot that occur during transit and the remedial actions taken. This report shall also include the time, date, location, reason for spill and personnel notified.

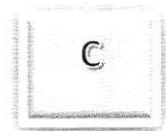
An annual report shall be submitted to DNREC Division of Air and Waste including types and weights of solid waste transported, monthly records of the number of tons transported, and to which landfill it was transported.

CONTACT INFORMATION:

Delmar Public Works Department	(443) 359-0259 or (443) 493-2344
Delmar Town Hall	(302) 846-2664 or (410) 896-2777
DNREC Division of Air & Waste	(302) 739-9401
89 Kings Highway, Dover, DE, 19901	Emergency Reporting: 911 (800) 662-8802 (302) 739-9401

TOWN OF DELMAR
PUBLIC WORKS CDL

- A. All employees that have obtained a CDL will be subject to bi-annual health physicals per State requirements.
- B. The Town of Delmar keeps record of all authorized drivers of Town vehicles and requires a copy of their current license.
- C. Authorized drivers of Public Works are knowledgeable of the proper protocol of transporting solid waste by a review of the regulations of DSWA; e.g. 3.7 and 3.8 sections. Authorized drivers of Public Works are aware of the procedures if there is an accident or other emergency which causes a portion of the load to be spilled as well as our permit conditions.



TOWN OF DELMAR
Department of Public Works
29750 Foskey Lane
Delmar, MD 21875
(443) 359-0259
(443) 493-2344



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2026

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 Avery W. Hall Insurance Agency, LLC 308 E. Main Street Salisbury MD 21801		CONTACT NAME: Certificate Request PHONE (A/C, No, Ext): 410-742-5111 E-MAIL ADDRESS: certrequest@averyhall.com FAX (A/C, No): 410-742-5182	
INSURED Town of Delmar 100 S Pennsylvania Ave. Delmar MD 21875		INSURER(S) AFFORDING COVERAGE	
License#: 104 DELMAR0-01		INSURER A: Charter Oak Fire Ins. Co.	NAIC # 25615
		INSURER B: Travelers Indemnity Co.	25658
		INSURER C: Travelers Prop Cas Co of Amer	25674
		INSURER D: Phoenix Insurance Company	25623
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1163131717

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Manage/Prof Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			ZLP71N15453	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 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 ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			8102C414400	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			ZUP81N16828	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB4K553737	1/1/2026	1/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

State of Delaware
Delaware Department of Natural Resources &
Environmental Control
Compliance & Permitting Section
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/16/2026

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 Chesapeake Employer's Insurance Company 8722 LOCH RAVEN BLVD BALTIMORE, MD 21286-2226		CONTACT NAME: Chesapeake Employer's Insurance Company PHONE (A/C, No, Ext): (410) 494-2000 Email: jmaith@ceiwc.com Address: jmaith@ceiwc.com		FAX (A/C, No): 555555555	
81275 P69246		INSURER(S) AFFORDING COVERAGE			
		INSURER A: CHESAPEAKE EMPLOYERS' INSURANCE COMPANY		NAIC # 11039	
INSURED TOWN OF DELMAR 100 S Pennsylvania Ave Delmar, MD 21875-1636		INSURER B:			
		INSURER C:			
		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.

INS LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS - MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC ☐ OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXC ESS LIAB ☐ CLAIMS - MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	8033068-00	7/1/2026	7/1/2027	☒ PER STATUTE ☐ OTH - ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EACH EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
VARIOUS MARYLAND AND DELAWARE LOCATIONS / ZURICH WC - 3106400

CERTIFICATE HOLDER**CANCELLATION**

STATE OF DELAWARE DELAWARE DEPARTMENT OF NATURAL RESOURCES & ENVIRONMENTAL CONTROL COMPLIANCE & PERMITTING SECTION 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
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