

RECEIPT

DATE

7/28/26

No.

735861

RECEIVED FROM

Locco's Container Service

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1686

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

3345

TO

BY

M.M.



DELAWARE DEPARTMENT OF
**NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL**

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

RECEIVED

JUL 28 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- 1686 Expiration Date 9-30-2026

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 COCCO CONTRACTING CORP

Location Address:	Mailing Address:
<u>201 Saville Ave</u>	<u>201 Saville Ave</u>
<u>Eddystone, PA 19022</u>	<u>Eddystone, PA 19022</u>

Contact: Lois E. Cocco Title: President

Business Phone: 610-874-3400 Fax: 610-874-7955

E-mail: OFFice @ coccoCorp.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: Eddystone State: PA Date: 3-1-1989

☐ 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 next page

(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

100 % Ownership

Lois E. Cocco – President



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) Residential cleanouts
☐ 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

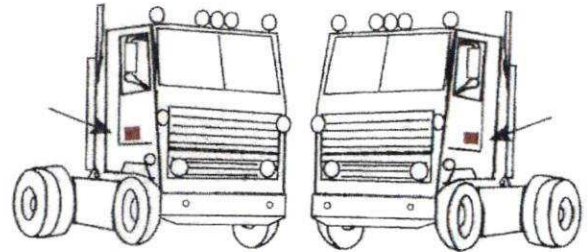
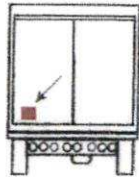
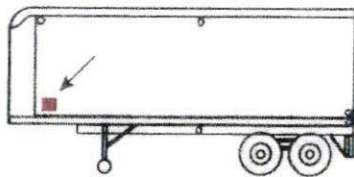
- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☒ Attachment PA
- ☐ Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- ☐ Attachment _____
- ☒ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1468076 MC# 1139719
- ☐ 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

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



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

52



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

1217276921

Phone No. (610)-874-3400

VIN# 1HTMMAAM87H415692
WH11217
Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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

TK 23

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

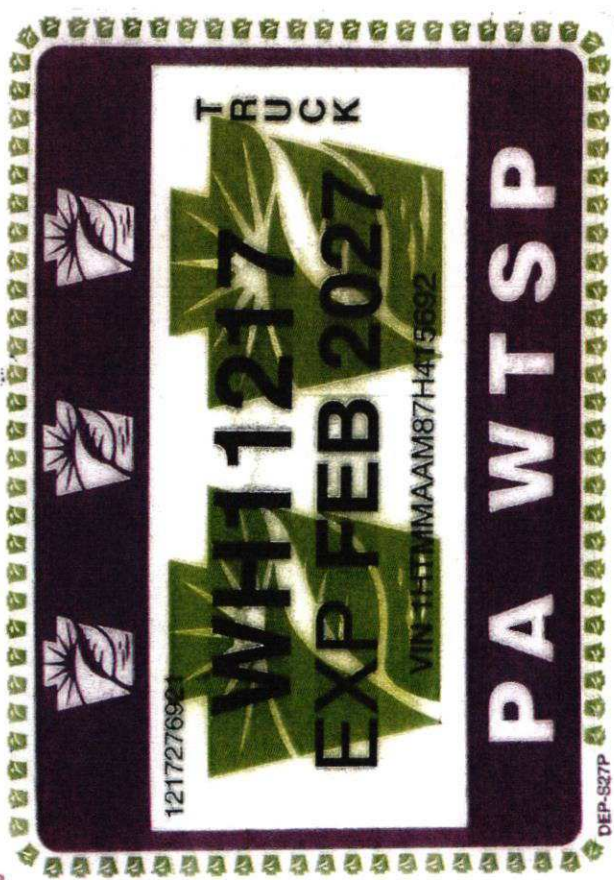
CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack

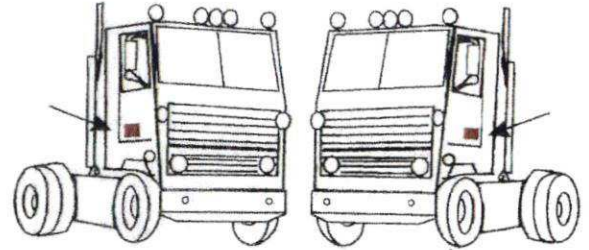
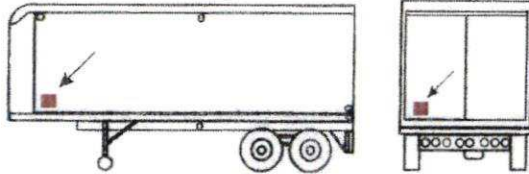


APPLICATION INSTRUCTIONS

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



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48



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

1217276951

Phone No. (610)-874-3400

VIN# 1HTMMAAM37H415695

WH11217

Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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TK 24

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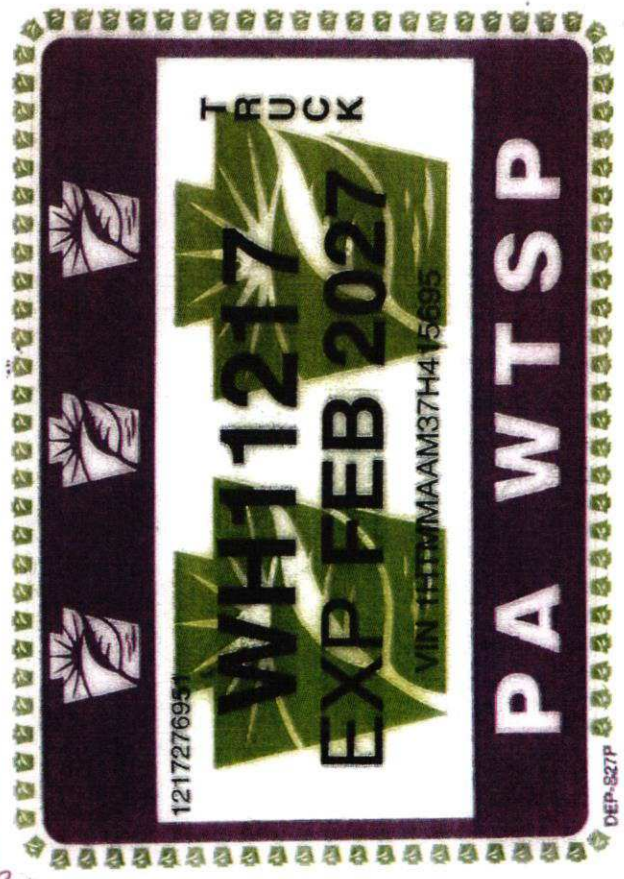
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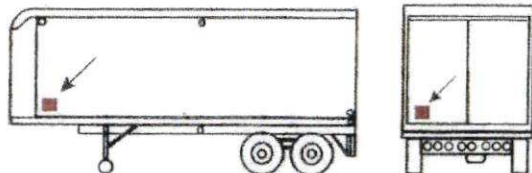


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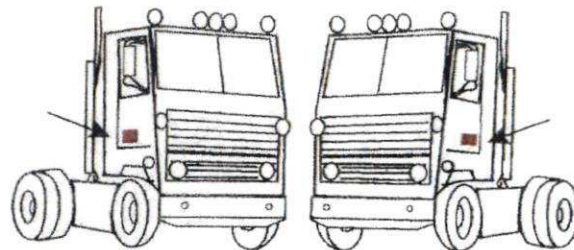
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COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

1217275041

Phone No. (610)-874-3400

VIN# 1HTMMAAM57H433504

WH11217

Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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A replacement fee is required.

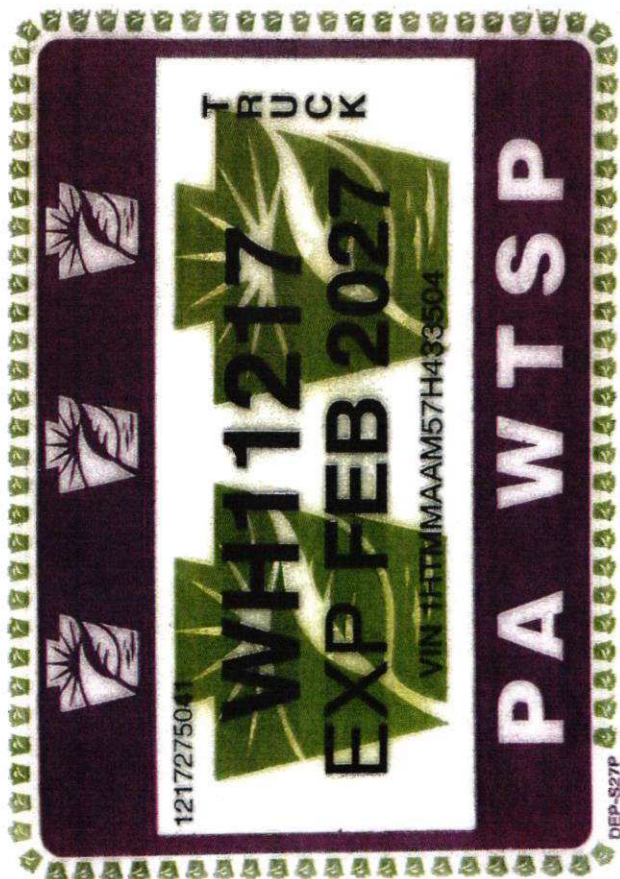
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TX 26

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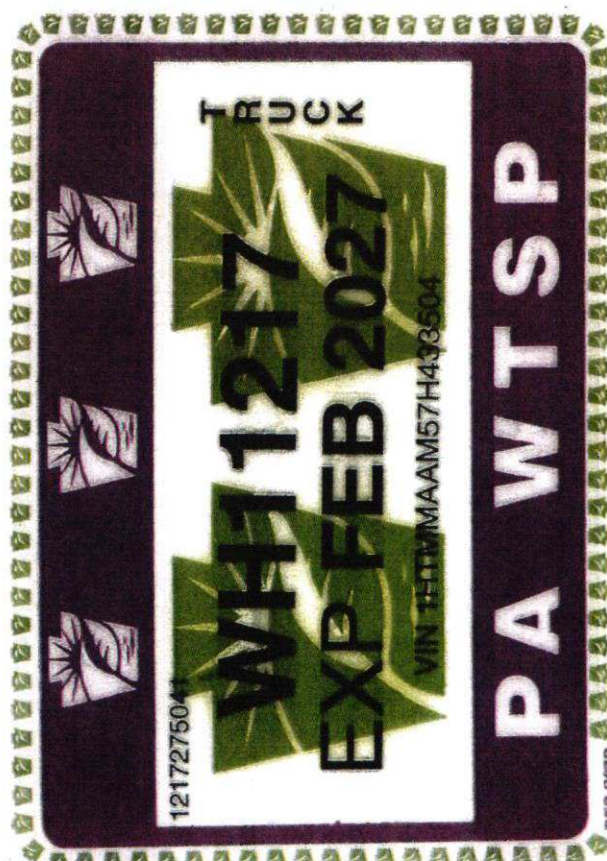
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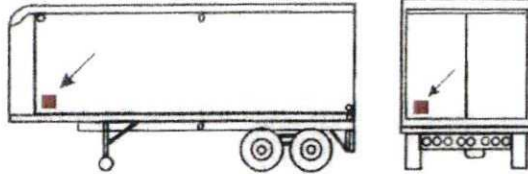
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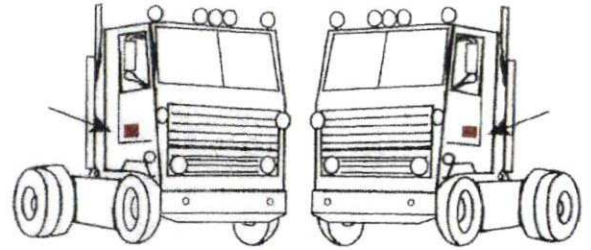


Waste Trailers

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



Trucks and Truck Tractors



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

51



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

1217270021

Phone No. (610)-874-3400

VIN# 1HTMMAAM09H166002
WH11217
Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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TIC 27

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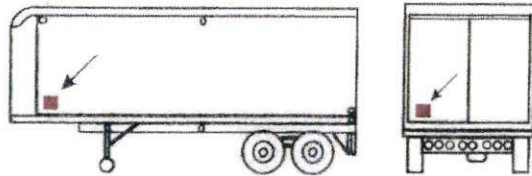
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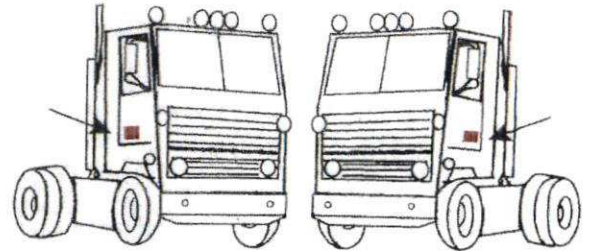


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Trucks and Truck Tractors



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47



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217271331

Phone No. (610)-874-3400

VIN# 1HTMMMLXGH415133
WH11217
Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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TK28

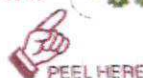
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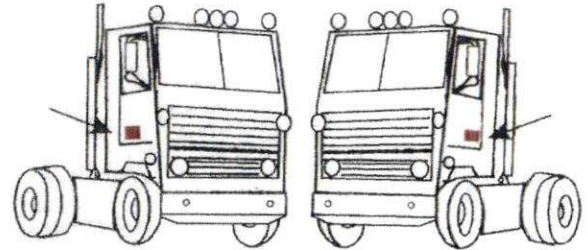
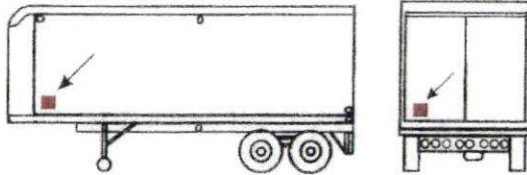
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50



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

1217277721

Phone No. (610)-874-3400

VIN# 1HTEUMML2KH290772
WH11217
Expires Feb 2027

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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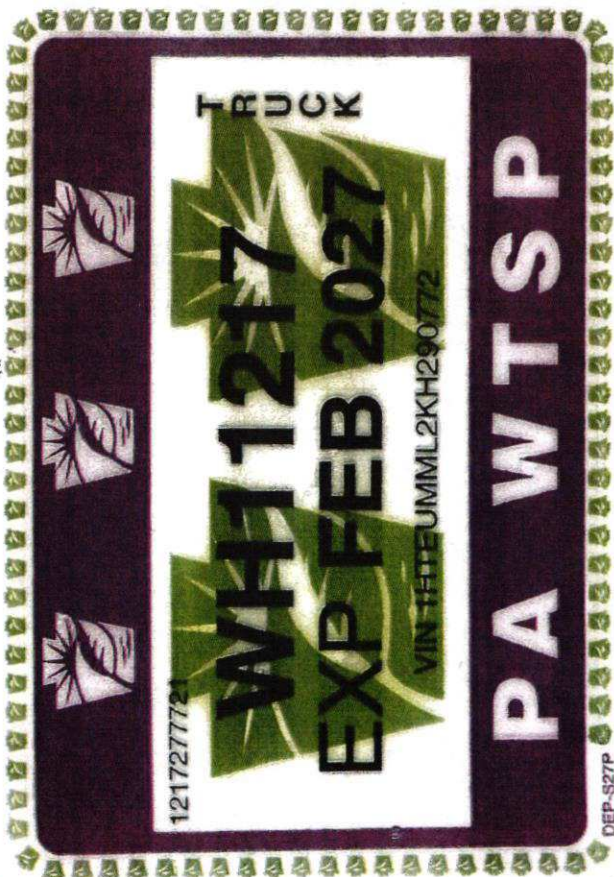
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TK 29

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DEP-S27P

APPLICATION INSTRUCTIONS

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DEP-S27P



- (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 ✓

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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment ✓

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). *Attached*
- (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 designee:
Name: *DONALD GRIFFITH* Phone: [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.*) *N/A*
- (7) This plan will be carried in all vehicles, along with the permit. ✓

Cocco's Container Pretrip Inspection Procedure

Purpose: Insure all vehicles in container service are operationally safe and road worthy.

Scope: This procedure encompasses all Cocco vehicles hauling containers.

1) Lift hood of vehicle

- Check oil

- Check serpentine belt for ware and tear and proper tension

- Check Fluids

 - Anti freeze

 - Window washing fluid

 - Brake Fluid

2) Walk around inspection

- Check proper tire pressure by thumping each tire

- (turn ignition key on) Turn on all lights and flashers confirm they work properly

- Inspect all mounts, (saddle boxes and hook) making sure they are secure

- Check Mirrors and windows for cracks or gouges, clean as needed

3) Cab inspection

- Start Engine

- Make sure all gauges work properly

- Address any trouble indicator lights that may light up on the dash bord

- Confirm safety equipment is on board and operational

- Confirm you have appropriate number of bungee cords and a tarp

DRIVER TRAINING

Drivers have a physical medical examination for their medical vehicle card.

Drivers work hours to have the proper rest so that they don't impair their ability to drive and operate trucks.

Drivers have random drive-along with an experienced driver from management.

Drivers are trained before officially being hired by experienced driver personnel in safety, maintenance of trucks, spill control handling procedures and solid waste transporter safety guidelines.

DRIVER LIST



Hire Date: 006-12-2019



Hire Date: 07-08-2024



Hire Date: 05-22-2026

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 Lois E. Cocco Date 7-17-2026
Print Name Lois E. Cocco Title PRESIDENT

****A legal owner or corporate officer must sign 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]

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2007

MAKE/MODEL

International MA025 DuraStar 4300, 7.6L

VEHICLE IDENTIFICATION NUMBER

1HTMMAAM87H415692

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

INSURED

Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

JK 23

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND
KEEP THIS CARD IN THE INSURED VEHICLE**

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

NOTE - THIS CARD IS REQUIRED WHEN:

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3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 PA (2002/08)

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2007

MAKE/MODEL

International MA025 DuraStar 4300, 7.6L

VEHICLE IDENTIFICATION NUMBER

1HTMMAAM37H415695

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

INSURED

Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

TK 24

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2007

MAKE/MODEL

International MA025 DuraStar 4300, 7.6L

VEHICLE IDENTIFICATION NUMBER

1HTMMAAM57H433504

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

INSURED

Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

TK 26

SEE IMPORTANT NOTICE ON REVERSE SIDE

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2009

MAKE/MODEL

International MA025 DuraStar 4300, 7.6L

VEHICLE IDENTIFICATION NUMBER

1HTMMAAM09H166002

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

INSURED

Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

TK27

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND
KEEP THIS CARD IN THE INSURED VEHICLE**

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NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

MAKE/MODEL

2016

International MA025 DuraStar 4300, 5.9L

VEHICLE IDENTIFICATION NUMBER

1HTMMMLXGH415133

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

INSURED

☐ Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

TIC 28

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND
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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

22586

COMPANY

Atlantic States Insurance Company

POLICY NUMBER

1000312516

EFFECTIVE DATE

05/09/2026

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

MAKE/MODEL

2019

International MV607 MV, 6.7L 1HTEUMML2KH290772

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

Ashmead Insurance Associates

AGENCY/COMPANY TELEPHONE NUMBER

(215)822-7573

Tk 29

INSURED

☐ Cocco Contracting Corp
201 Saville Ave
Eddystone, PA 19022

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PENNSYLVANIA VEHICLE REGISTRATION

PennDOT is proud to provide you with your new registration credential.

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

DID YOU CHANGE YOUR ADDRESS? - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: DEC 31, 2026 VALID: 12/03/2025

PLATE:	YVM8654	REG. GROSS WT: 25500
TITLE:	64255454401 CO	
VIN:	1HTMMAAM87H415692	UNLADEN WEIGHT: 14000
YR/MAKE:	2007 INTERNATIONAL	CLASS: 08
TYPE:	TK	
WID:	25337 2605 027678	

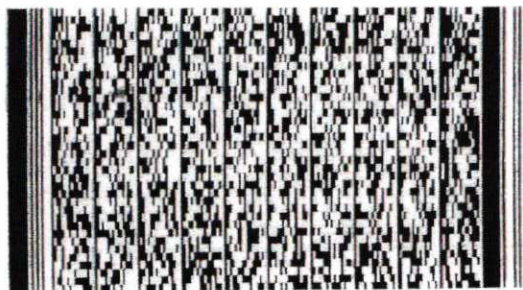


SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

COCO CONTRACTING CORP
201 SAVILLE AVE
EDDYSTONE PA 19022

TK
23



PENNSYLVANIA VEHICLE REGISTRATION

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COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: DEC 31, 2026 **VALID: 12/17/2025**

PLATE:	YVB9340	REG. GROSS WT: 25500
TITLE:	64255416101 CO	
VIN:	1HTMMAAM37H415695	UNLADEN WEIGHT: 14000
YR/MAKE:	2007 INTERNATIONAL	CLASS: 08
TYPE:	TK	
WID:	25351 2605 014598	

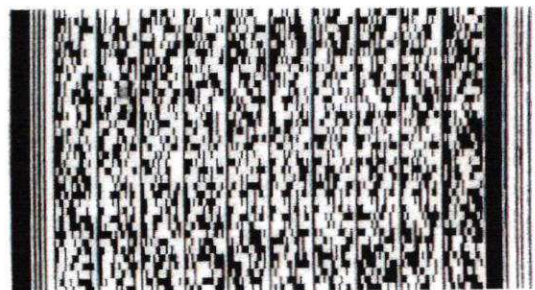
Lois L. Cocco

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

TK 24

COCO CONTRACTING CORP
201 SAVILLE AVE
EDDYSTONE PA 19022



PENNSYLVANIA VEHICLE REGISTRATION

MV-105A(05-07)

626

PennDOT is proud to provide you with your new registration credential.

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PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

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1 OF 1

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Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: JAN 31, 2027

VALID: 01/31/26

PLATE: VCF6883
TITLE: 65679035501 C0
VIN: 1HTMMAAM57H433504
YR/MAKE: 2007 INTERNATIONAL
TYPE: TK
WID: 26031 9999 000010-001

REG. GROSS WT: 25999

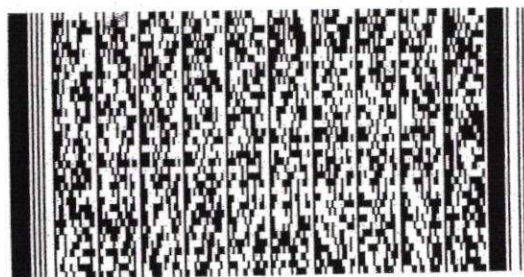
UNLADEN WEIGHT: 13000
CLASS: 08

Lois E. Cocco
SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

COCCO CONTRACTING CORP
201 SAVILLE AVE
EDDYSTONE PA 19022

TK 26



DYREGCRD00626110

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COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: MAR 31, 2027 **VALID: 05/05/2026**

PLATE:	VCL0531	REG. GROSS WT: 25999
TITLE:	67132201301 CO	
VIN:	1HTMMAAM09H166002	UNLADEN WEIGHT: 13500
YR/MAKE:	2009 INTERNATIONAL	CLASS: 08
TYPE:	TK	
WID:	26125 2605 030798	

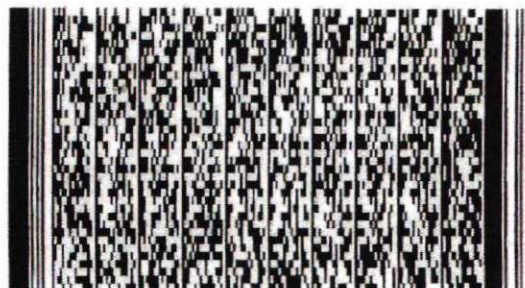


SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

TK 27

COCCO CONTRACTING CORP
201 SAVILLE AVE
EDDYSTONE PA 19022



PENNSYLVANIA VEHICLE REGISTRATION

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COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: DEC 31, 2026 **VALID: 12/09/2025**

PLATE:	ZJZ4683	REG. GROSS WT: 25999
TITLE:	77132910001 CO	
VIN:	1HTMMMLXGH415133	UNLADEN WEIGHT: 09673
YR/MAKE:	2016 INTERNATIONAL	CLASS: 08
TYPE:	TK	
WID:	25343 2605 010886	

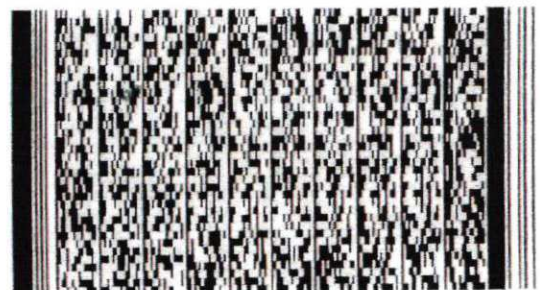
Luis E. Cocco

SIGNATURE

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TIC 28

COCCO CONTRACTING CORP
201 SAVILLE AVE
CRUM LYNNE PA 19022



PENNSYLVANIA VEHICLE REGISTRATION

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PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

02 OF 02

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COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Feb 28, 2027 **VALID: 07/08/2026**

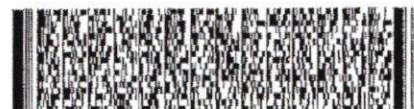
PLATE:	VDB9739	REG. GROSS WT:	25999
TITLE:	80311079201 CO		
VIN:	1HTEUMML2KH290772	UNLADEN WEIGHT:	12900
YR/MAKE:	2019/INTERNATIONAL	CLASS:	08
TYPE:	TK		
WID:	26189 3428 003373		

Lois L. Gaur
SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code

TK 29

COCCO CONTRACTING CORP
201 SAVILLE AVE
CRUM LYNNE PA 19022



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2026

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	Ashmead Insurance Associates 2422 N. Broad Street Colmar, PA 18915		CONTACT NAME: Janine Ruiz	
			PHONE (A/C, No, Ext): (215)822-7573	FAX (A/C, No): (215)822-5172
		E-MAIL ADDRESS: certs@ashmeadins.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	Cocco Contracting Corp 201 Saville Ave Crum Lynne, PA 19022-1512		INSURER A: Atlantic States Insurance Company	22586
			INSURER B: Donegal Mutual Insurance Company	13692
			INSURER C: Tokio Marine Specialty Insurance Company	23850
			INSURER D:	
			INSURER E:	
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 00003161-250509145306

REVISION NUMBER: 48

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

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 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:			1000445860	05/09/2026	05/09/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			1000312516	05/09/2026	05/09/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			CXL9702917	05/09/2026	05/09/2027	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	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 / A		1000312553	05/09/2026	05/09/2027	☒ 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
C	Excess Liability			PUB919935	05/09/2026	05/09/2027	Per Occurrence \$2,000,000

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

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources and Environmental Control
Solid and Hazardous Control
Management Branch
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



(JNR)