

# RECEIPT

DATE

6-29-26

No.

735830

RECEIVED FROM

Exhale Junk Removal

\$

350.00

DOLLARS

☐ FOR RENT☐ FOR

New SW

|          |  |  |
|----------|--|--|
| ACCOUNT  |  |  |
| PAYMENT  |  |  |
| BAL. DUE |  |  |

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

#214

TO

BY

JWS



RECEIVED

JUN 29 2026

DNREC - WHS

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference:

**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- \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 Exhale Junk Removal

|                                |                              |
|--------------------------------|------------------------------|
| Location Address:              | Mailing Address:             |
| 1207 seeds lane Downingtown PA | 300 W Haver Way Mount Joy PA |
|                                |                              |
|                                |                              |

Contact: Ethan Seidel Title: Owner

Business Phone: 717-984-7010 Fax: \_\_\_\_\_

E-mail: exhalejunkremoval.com

24 hr Emergency Contact Phone: 717-984-7010

**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: Pennsylvania  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment \_\_\_\_\_

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- ☐ Attachment \_\_\_\_\_  
☒ No parent company

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☐ Attachment \_\_\_\_\_  
☒ No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☒ Residential waste  
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☐ Industrial waste (from a manufacturing or industrial process)  
☐ Dry waste: ☒ construction/demolition debris  
☐ trees/stumps  
☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
☐ coal ash  
☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☐ Non-hazardous petroleum-hydrocarbon contaminated soils  
☐ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☒ Yes ☐ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☒ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☒ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☒ No

## 8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☐ Yes ☒ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- ☒ Delaware Solid Waste Authority locations: (attachment) Cherry Island
- ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
- ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

## 9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment \_\_\_\_\_
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- ☐ Attachment \_\_\_\_\_
- ☒ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 4380804 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.

Do not need MC# because goods are junk and become ours.

## 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:

|                         | <b>FOR-HIRE<br/>INTERSTATE</b>                            | <b>ALL OTHERS</b>                              |
|-------------------------|-----------------------------------------------------------|------------------------------------------------|
| Residential Waste       | \$750,000.00 + MCS-90 <input checked="" type="checkbox"/> | \$350,000.00 <input type="checkbox"/>          |
| Commercial Waste        | \$750,000.00 + MCS-90 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>          |
| Industrial Waste        | \$750,000.00 + MCS-90 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>          |
| Dry Waste               | \$750,000.00 + MCS-90 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>          |
| Ash                     | \$750,000.00 + MCS-90 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>          |
| Infectious Waste        | \$1,000,000.00 + MCS-90 <input type="checkbox"/>          | \$750,000.00 + MCS-90 <input type="checkbox"/> |
| Non-Hazardous Petroleum | \$750,000.00 + MCS-90 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>          |
| Contaminated Soils      | \$1,000,000.00 + MCS-90 <input type="checkbox"/>          | \$350,000.00 <input type="checkbox"/>          |
| Asbestos                | (For Hire & Private)                                      | \$350,000.00 <input type="checkbox"/>          |
| Scrap Tires Only        | \$350,000.00 <input type="checkbox"/>                     | \$350,000.00 <input type="checkbox"/>          |

#### 11. Spill Control and Safety

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

Spill Control Plan: Attachment \_\_\_\_\_

#### 12. Driver Training

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

- 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 \_\_\_\_\_

### 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 Ethan Seidel Date 5/15/2026

Print Name Ethan Seidel Title Owner

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

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- 1). Reflectors and/or flares ✓
- 2). Fire extinguisher ✓
- 3). First aid kit ✓
- 4). Heavy-duty gloves, hard hat ✓
- 5). Flashlight ✓
- 6).

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

(3) The driver will perform the following pre-trip inspections:

- 1). Check tires, liquids and tarp
- 2). Check lights and equipment

(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: *Ethan Selde*

Phone: *717-989-7010*

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

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

Maryland:

New Jersey:

(6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)

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

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.

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]

| Name               | Title | mailing address | Date of Birth | % of ownership |
|--------------------|-------|-----------------|---------------|----------------|
| Ethan Seidel       | Owner |                 |               | 50             |
| Michael Linebarger | Owner |                 |               | 50             |

#### Vehicle Operators



#### Driver Handling

We have each driver be in the vehicle not driving so they learn the vehicle better. Then they are tested with owners in the vehicle as practice to see there driving ability. No specific requirements are needed to drive our trucks as the GVW is 14,500 lbs.



EXHALEJ-01

LEEN11

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2026

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).

|                                                                              |                                             |                                      |               |
|------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|---------------|
| <b>PRODUCER</b><br>The Hess Agency<br>2990 Mount Joy Rd<br>Manheim, PA 17545 | <b>CONTACT NAME:</b>                        |                                      |               |
|                                                                              | <b>PHONE (A/C, No, Ext):</b> (717) 665-2770 | <b>FAX (A/C, No):</b> (717) 665-4493 |               |
|                                                                              | <b>E-MAIL ADDRESS:</b> hess@hessagency.com  |                                      |               |
|                                                                              | <b>INSURER(S) AFFORDING COVERAGE</b>        |                                      | <b>NAIC #</b> |
|                                                                              | <b>INSURER A:</b> Erie Insurance Exchange   |                                      | 26271         |
|                                                                              | <b>INSURER B:</b>                           |                                      |               |
|                                                                              | <b>INSURER C:</b>                           |                                      |               |
|                                                                              | <b>INSURER D:</b>                           |                                      |               |
|                                                                              | <b>INSURER E:</b>                           |                                      |               |
|                                                                              | <b>INSURER F:</b>                           |                                      |               |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>INSURED</b><br><br>Exhale Junk Remval LLC<br>917 S Chester Rd<br>West Chester, PA 19382 |
|--------------------------------------------------------------------------------------------|

## 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.

| INSR LTR | TYPE OF INSURANCE                                                                             | ADDL INSD                                                | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|--------------------|-------------------------|-------------------------|----------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>                                                           |                                                          |          |                    |                         |                         |                                                                      |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                           |                                                          |          |                    |                         |                         | EACH OCCURRENCE \$                                                   |
|          |                                                                                               |                                                          |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                         |
|          |                                                                                               |                                                          |          |                    |                         |                         | MED EXP (Any one person) \$                                          |
|          |                                                                                               |                                                          |          |                    |                         |                         | PERSONAL & ADV INJURY \$                                             |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                            |                                                          |          |                    |                         |                         | GENERAL AGGREGATE \$                                                 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                          |          |                    |                         |                         | PRODUCTS - COMP/OP AGG \$                                            |
|          | OTHER:                                                                                        |                                                          |          |                    |                         |                         | \$                                                                   |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b>                                                                   |                                                          |          | <b>Q10-1031280</b> | <b>10/10/2025</b>       | <b>10/10/2026</b>       |                                                                      |
|          | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY                                 |                                                          |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|          | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                          | <input checked="" type="checkbox"/> SCHEDULED AUTOS      |          |                    |                         |                         | BODILY INJURY (Per person) \$                                        |
|          |                                                                                               | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |          |                    |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |                                                                                               |                                                          |          |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                               |                                                          |          |                    |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b>                                                                          | <input type="checkbox"/> OCCUR                           |          |                    |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <b>EXCESS LIAB</b>                                                                            | <input type="checkbox"/> CLAIMS-MADE                     |          |                    |                         |                         | AGGREGATE \$                                                         |
|          | DED                                                                                           | RETENTION \$                                             |          |                    |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                          | <input type="checkbox"/> Y / <input type="checkbox"/> N  |          |                    |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   | <input type="checkbox"/> 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

## CANCELLATION

File Copy Only

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



EXHALEJ-01

MSHICKMAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2026

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<br><b>The Hess Agency</b><br>2990 Mount Joy Rd<br>Manheim, PA 17545           | CONTACT NAME:                                          | PHONE (A/C, No, Ext): (717) 665-2770 | FAX (A/C, No): (717) 665-4493 |
|                                                                                        | E-MAIL ADDRESS: hess@hessagency.com                    |                                      |                               |
| INSURED<br><br><b>Exhale Junk Removal LLC</b><br>300 Witwer Way<br>Mount Joy, PA 17552 | INSURER(S) AFFORDING COVERAGE                          |                                      | NAIC #                        |
|                                                                                        | INSURER A : Century Surety Company                     |                                      | 36951                         |
|                                                                                        | INSURER B : Erie Insurance Exchange                    |                                      | 26271                         |
|                                                                                        | INSURER C : Erie Insurance Property & Casualty Company |                                      | 26830                         |
|                                                                                        | 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.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                | ADDL INSD                         | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X                                 |          | CCP-1355123   | 1/3/2026                | 1/3/2027                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                        |                                   |          | Q10-1031280   | 10/10/2025              | 10/10/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$                                                                                                                                                        |                                   |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                         |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                           | Y / N<br><input type="checkbox"/> | N / A    | Q73-0020313   | 6/4/2025                | 6/4/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Eric & Elizabeth Toy are additional insured regarding their interest as landlord re: 1207 Seeds Ln, Downingtown, PA 19335

## CERTIFICATE HOLDER

## CANCELLATION

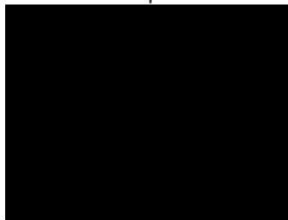
Eric & Elizabeth Toy  
1207 Seeds Ln  
Downingtown, PA 19335

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

| Name               | Title | mailing address                                                                    | Date of Birth | % of ownership |
|--------------------|-------|------------------------------------------------------------------------------------|---------------|----------------|
| Ethan Seidel       | Owner |  |               | 50             |
| Michael Linebarger | Owner |                                                                                    |               | 50             |

#### Vehicle Operators



#### Driver Handling

We have each driver be in the vehicle not driving so they learn the vehicle better. Then they are tested with owners in the vehicle as practice to see there driving ability. No specific requirements are needed to drive our trucks as the GVW is 14,500 lbs.

**Davis, DaQuan (DNREC)**

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**From:** Exhale Junk Removal <exhalejunkremoval@gmail.com>  
**Sent:** Friday, August 7, 2026 9:20 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Exhale Junk Removal COI Dept of Natural Resources  
**Attachments:** Exhale Junk Removal COI Dept of Natural Resources.pdf

We remove junk we do not do moving jobs or goods and services.

## Davis, DaQuan (DNREC)

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**From:** WHStransporters  
**Sent:** Monday, July 6, 2026 11:14 AM  
**To:** 'exhalejunkremoval@gmail.com'  
**Subject:** Delaware Solid Waste Transporter Permit Application

Hello,

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

- **Section 10:**

- Please provide an MCS-90 endorsement form.

- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



**DaQuan L. Davis**  
Environmental Scientist  
**Division of Waste and Hazardous Substances**  
☎ 302-739-9403  
✉ [WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)  
📍 89 Kings Hwy SW, Dover, DE 19901  
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





EXHALEJ-01

RKEITER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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<br>The Hess Agency<br>2990 Mount Joy Rd<br>Manheim, PA 17545           | CONTACT NAME:                                          |                               |        |
|                                                                                 | PHONE (A/C, No, Ext): (717) 665-2770                   | FAX (A/C, No): (717) 665-4493 |        |
|                                                                                 | E-MAIL ADDRESS: hess@hessagency.com                    |                               |        |
| INSURED<br><br>Exhale Junk Removal LLC<br>300 Witwer Way<br>Mount Joy, PA 17552 | INSURER(S) AFFORDING COVERAGE                          |                               | NAIC # |
|                                                                                 | INSURER A : Century Surety Company                     |                               | 36951  |
|                                                                                 | INSURER B : Erie Insurance Exchange                    |                               | 26271  |
|                                                                                 | INSURER C : Erie Insurance Property & Casualty Company |                               | 26830  |
|                                                                                 | 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.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                          | ADDL INSD                               | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |                                         |          | CCP-1355123   | 1/3/2026                | 1/3/2027                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPI/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                        |                                         |          | Q10-1031280   | 10/10/2025              | 10/10/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                   |                                         |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                          |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                        | Y / N<br><input type="checkbox"/> N / A |          | Q73-0020313   | 6/4/2026                | 6/4/2027                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                         |

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

## CERTIFICATE HOLDER

## CANCELLATION

Department of Natural Resources and Environmental Control  
89 Kings Hwy  
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