

RECEIPT

DATE

10/2/2026

No.

992917

RECEIVED FROM

Complete Recycling Group LLC

\$

275.00

xxx

☐ FOR RENT☒ FORTwo hundred seventy five dollars & no cents
DE-SW-2176

DOLLARS

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

042884

TO

BY

EB



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

RECEIVED

OCT 02 2026

DNREC

WHS

TELEPHONE: (302) 739-8400
FAX: (302) 739-6050

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- 2176 Expiration Date March 31, 2027

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 Complete Recycling Group LLC

Location Address:	Mailing Address:
3040 Pulaski Hwy, North East, MD 21901	1500 W. Pulaski Hwy, Elkton, MD 21921
1500 W. Pulaski Hwy, Elkton, MD 21921	"
979 W Pulaski Hwy, Elkton, MD 21921	"

Contact: Richard Polansky Title: Principal

Business Phone: 410-398-6777 Fax: _____

E-mail: rick@crqx.com

24 hr Emergency Contact Phone: 443 309-4774

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: MD
☐ 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 70% Chann

30% Joseph

(c). If company is owned by or affiliated with another company, state the 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) _____
- ☐ 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# 255 7009 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 ☐	\$350,000.00 ☐
Commercial Waste	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Industrial Waste	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Dry Waste	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
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 ☐	\$350,000.00 ☐
Asbestos	\$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	\$350,000.00 ☐
Scrap Tires Only	\$350,000.00 ☒	\$350,000.00 ☐

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  Date 09/30/20
Print Name Richard Pokinsky Title Principal

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

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

ALL PERMITTED TRANSPORTERS MUST PREPARE AND CARRY A SPILL CONTROL PLAN IN EACH VEHICLE

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list of safety equipment carried in each vehicle, including spill containment and control materials

✓	Safety Equipment in the Vehicle	✓	Safety Equipment in the Vehicle, continued
✓	Emergency reflective triangles and/or flares		
✓	Fire extinguisher		
✓	First aid kit		
✓	Wheel Chocks		
✓	Gloves		
✓	Reflective Vest		
✓	Hard hat		
✓	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)".
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

In the event of a spill involving non-hazardous solid waste tires, the driver will immediately secure the area and stop any further release if safe to do so. Spilled tires will be repositioned, collected, and secured using equipment carried on the vehicle. All loads are either enclosed, covered, or tarped, or within the confines of the trailer and not stacked about the sides, to prevent discharge during transport. Since the material transported consists of tires only, there is no liquid waste involved.

Spill Control Plan for Non-Hazardous Solid Waste Transporters
Page 1 of 2

7. Measures to contain releases will be performed by:

- ☒ The driver, who is familiar with and appropriately trained to perform the activity.
- ☐ The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- ☐ A regional third-party contractor identified under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."

8. The transporter acknowledges should additional emergency services be required to address releases including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.
9. If an accident results in a release/spill exceeding a Delaware Responsible Quantity as indicated in the regulations of 7 Del. Admin. Code § 203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team by calling one of the numbers included under "EMERGENCY CONTACTS, REPORTING A RELEASE OR SPILL IN DELAWARE."

SPILL CONTROL PLAN FOR
NON-HAZARDOUS SOLID WASTE TRANSPORTERS

EMERGENCY CONTACTS

COMPANY COORDINATOR(S)

Name	Telephone Number
Tom Fromosky	410-970-1104P

Name	Telephone Number
Bill McDougal	443-616-6287

CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO
RELEASES/SPILLS

Name	Telephone Number
Tim Ward	302-650-4134

Name	Telephone Number

REPORTING A RELEASE OR SPILL IN DELAWARE

911
(302) 739-9401
(800) 662-8802

ADDITIONAL COMPANY CONTACTS

Name	Telephone Number
Joseph Polansky	443-309-4771
Richard Polansky	443-309-4771

MAKE	MODEL	YEAR	TYPE	VIN#	LICENSE PLATE	STATE OF REGISTRATION	MG GRS GVWR	OWNERSHIP
FRHT		2015	TRACTOR	3AKJNDV64DGE925	0446F2	MD	52000	COMPLETE RECYCLING GROUP TRANSPORT
FRHT		2022	DAY CAB	3AKJLDV64NSMS8547	0640FS	MD	52000	COMPLETE RECYCLING GROUP TRANSPORT
MACK		2006	TRACTOR	1M1AK07Y55N011386	0138F2	MD	52000	COMPLETE RECYCLING GROUP TRANSPORT

DRIVERS

WILLIAM MPIANI
DERECK DAVIS
RAYRIEL

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena McIlwain
Secretary

Scrap Tire Hauler License Number: 2024-RTH-11817

ISSUE DATE: September 19, 2024

EXPIRATION DATE: September 18, 2029
IDENTIFICATION NUMBER: 24H11817

Issued to:

Complete Recycling Group, LLC

At:

929 West Pulaski Highway, Elkton, Cecil County, MD 21921

Authorizing:

The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of March 18, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

Bradley Baker, Administrator
Resource Management Program

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena McIlwain
Secretary

Scrap Tire Hauler License

Number: 2024-RTH-11823

ISSUE DATE: October 5, 2024

EXPIRATION DATE: October 4, 2029

IDENTIFICATION NUMBER: 24H11823

Issued to:

Complete Recycling Group, LLC

At:

1500 West Pulaski Highway, Elkton, Cecil County, MD 21921

Authorizing:

The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of September 23, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

Bradley Baker, Administrator
Resource Management Program

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

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410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena Mellwain
Secretary

Scrap Tire Hauler License Number: 2024-RTH-11822

ISSUE DATE: October 5, 2024

EXPIRATION DATE: October 4, 2029
IDENTIFICATION NUMBER: 24H11822

Issued to: Complete Recycling Group, LLC

At: 3040 West Pulaski Highway, Elkton, Cecil County, MD 21921

Authorizing: The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of September 23, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

Bradley Baker, Administrator
Resource Management Program

WHStransporters

From: Rose Benjamin <RoseB@crgx.com>
Sent: Monday, October 12, 2026 6:15 PM
To: WHStransporters
Subject: [External] RE: Permit Renewal DE-SW-2176
Attachments: Complete Recycling Grp cert Dept of Natural Resources Oct 2026.pdf

External Email - **DO NOT CLICK** links or open attachments unless you recognize the sender.

Hi DaQuan,

Please see below the additional information requested for Complete Recycling Group LLC's Solid Waste Transporter Permit Application.

Section 8(b) – Treatment, Storage, and Disposal Facilities

Complete Recycling Group LLC transports scrap tires to the following facilities:

1. **Scrap Tire Solution**
220 Marsh Lane
New Castle, DE 19720
2. **Allied Recycling, Inc.**
2658 Route 206
Mount Holly, NJ 08060

Section 10 – Certificate of Insurance

Please see the attached updated Certificate of Insurance.

Section 12 – Driver Training

(a) Driver Qualifications and Training

All drivers are required to maintain valid driver's licenses, including CDLs where applicable. Drivers are instructed on safe vehicle operation, proper loading and securing of materials, and safe transportation procedures.

(b) Driving Records and Violations

Driver motor vehicle records are reviewed periodically to ensure drivers maintain safe driving records and remain qualified to operate company vehicles. Any moving violations are addressed based on their severity and frequency, with corrective action taken as necessary.

(c) Driver Safety Procedures

Drivers are instructed on the proper handling, loading, securing, and transportation of scrap tires to prevent materials from shifting or falling during transport.

Drivers are provided with the company's Spill Control Plan and instructed on the procedures to follow in the event of an accidental discharge, including securing the area, notifying the designated company contact, and following the appropriate emergency reporting procedures.

Drivers are also instructed on the conditions of the Delaware Solid Waste Transporter Permit and the requirements for transporting scrap tires in accordance with applicable regulations.

Please let me know if any additional information is needed.

Thank you!

Rose Benjamin
Staff Accountant
Complete Recycling Group LLC
1500 W. Pulaski Hwy, Elkton MD 21921
RoseB@crgx.com
Office 410.398.6727 EXT. 116
Fax 866.670.8702



From: WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, October 8, 2026 2:08 PM
To: Rose Benjamin <RoseB@crgx.com>
Subject: RE: Permit Renewal DE-SW-2176

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 8(b)-** Please provide all solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities, and Transfer stations.
- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12-** Please provide driver training. Requirements include:
 - (a). 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.

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

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Rose Benjamin <RoseB@crgx.com>

Sent: Wednesday, September 30, 2026 4:08 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Permit Renewal DE-SW-2176

Hi Daquan,

Please see the attached permit renewal application. I'll also be mailing a copy along with the check today, and I've attached the tracking information for reference.

Could you please confirm that this is everything you need for the renewal?

I also noticed that our previous permit only listed our 3040 Pulaski Hwy, North East, MD 21901 location. Do all three of our locations need to be listed on the new permit? I included all three on the application for reference.

Please let me know if you need anything else from me. Thanks again for your help!

Thank you,

Rose Benjamin

Staff Accountant

Complete Recycling Group LLC

1500 W. Pulaski Hwy, Elkton MD 21921

RoseB@crgx.com

Office 410.398.6727 EXT. 116

Fax 866.670.8702





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2026

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 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 Ford & Associates Insurance LLC 3527 E Joppa Road Baltimore Md 21234	CONTACT NAME: Terri Hammer PHONE (A/C, No, Ext): 410-882-0077 FAX (A/C, No): 410-668-3470 E-MAIL ADDRESS: terrihammer@comcast.net
INSURED Complete Recycling Group LLC et al 1500 W. Pulaski Hwy Elkton, MD 21921	INSURER(S) AFFORDING COVERAGE INSURER A: Northfield Insurance INSURER B: Progressive Insurance Co INSURER C: Indemnity Insurance Co of North America INSURER D: Chesapeake Employers Insurance INSURER E: Liberty Mutual Insurance 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 SUBR INSD 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:		WS677146	2/4/2026	2/4/2027	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				
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ☒ NON-OWNED AUTOS		03234018	2/4/2026	2/4/2027	GENERAL AGGREGATE \$ 2,000,000
		PRODUCTS - COMP/OP AGG \$				
		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
		BODILY INJURY (Per person) \$				
C	☐ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE	XS 0001176 26	2/4/2026	2/4/2027	BODILY INJURY (Per accident) \$
		PROPERTY DAMAGE (Per accident) \$				
		EACH OCCURRENCE \$ 1,000,000				
		AGGREGATE \$ 1,000,000				
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 / A	8028534	8/3/2026	8/3/2027	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				
E	Equipment (property coverage including theft)		BMW 5832 4673	2/11/2026	2/11/2027	Equip Limit 4,461,811 Leased/rented Limit 250,000

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 Highway SW
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