



NON-HAZARDOUS LIQUID WASTE TRANSPORTERS PERMIT APPLICATION

Groundwater Discharges Section, Division of Water
DE Department of Natural Resources and Environmental
Control
89 Kings Highway, Dover DE 19901
(302) 739-9948

1. Permit Number (For renewals only):

2. Company Information

Company Name: Pumpman Philly

Telephone: 484-496-3088

Fax:

Address (street, city, state and zip code): 930 Henderson Blvd, Folcroft, Pennsylvania, 19032

Company Email Address & Contact Name: jchristinzio@pumpmanphilly.com, Jennifer Christinzio

3. Owner/President Business Information

Name: Jennifer Christinzio

Business Telephone: 6105836900

Business Address if different from above (street, city, state and zip code):

4. Vehicle(s) Information (Attach additional sheets if necessary to identify each vehicle used for transport.)

	Make	Model	Year	Vehicle Type (Tank, Trailer, Etc.)	License Plate Number	State of Registration	Capacity (gal)
1	AGR	International	2015	2500	zVW6393	Pennsylvania	2,500

* Please submit a Certificate of Insurance for each vehicle listed demonstrating commercial automobile liability insurance with a combined single limit of at least \$100,000.

*Certificate of insurance uploaded: **15 Vac Truck Insurance Card 22-23.pdf***

5. Please Check Type(s) of Waste Being Transported and Provide the Information Requested in the Indicated Sections for Each Waste Type Checked

	<input checked="" type="checkbox"/>	Waste Type	Quantity Collected
i.	<input checked="" type="checkbox"/>	Septage	2,500 gal/yr
ii.	<input checked="" type="checkbox"/>	Holding Tank Waste	2,500 gal/yr
iii.	<input checked="" type="checkbox"/>	Grease Trap Waste and/or Cooking Oil Waste	1,500 gal/yr
iv.	<input type="checkbox"/>	Portable Toilet Waste	gal/yr
v.	<input type="checkbox"/>	Municipal or Industrial Biosolids	# wet tons/yr
vi.	<input type="checkbox"/>	Sludge From Package Treatment Plants	# wet tons/yr
vii.	<input checked="" type="checkbox"/>	Other Non-Hazardous Liquid Waste	5,000 gal/yr

Documents required for all new permit applications *and* renewals:

- Attach an Operation Plan detailing the following:
 - a spill reporting and clean-up plan,
 - plans for cleaning vehicles,
 - recordkeeping procedures and
 - days and hours of operation.
- Attach a list of all disposal facilities to be used. Include a copy of the permit/authorization letter from each disposal facility stating the company is currently authorized to discharge the requested waste stream (i.e. septage, holding tank waste, portable toilet waste, etc.) to the facility. Authorization documentation is required for both new and renewal applications.

7 DelC §6023(d): No person shall haul, convey or transport any liquid waste in any container without a license issued by the Department.

Septage
<p>1. Attach a list of all Class F Licensees currently working for the company.</p> <p>If there are no Class F licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. In order for an individual to obtain a Class F license.</p>
<p>Class F Licenses uploaded: <i>Class F License - Scott Patton.pdf</i></p>

Holding Tanks
<p>1. Attach a list of all Class F Licensees currently working for the company.</p> <p>If there are no Class F licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. In order for an individual to obtain a Class F license</p>
<p>Class F Licenses uploaded: <i>Class F License - Scott Patton.pdf</i></p>

Grease Trap Waste and/or Cooking Oil Waste

1. Attach a list of all disposal facilities to be used.

2. Attach a list of all Class F Licensees currently working for the company.

If there are no Class F Licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. For a Class F License application, please contact the Licensing Coordinator at 302-739-9948.

Grease Trap Waste Disposal Facilities to be used: ***Vac Truck Permit.pdf***
Class F Licenses Uploaded: ***Class F License - Scott Patton.pdf***

Portable Toilets

1. Attach a list of all Class F Licensees currently working for the company.

If there are no Class F Licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping.

Class F Licenses uploaded:

3. Quantity of portable toilets you own:

Municipal and Industrial Biosolids

1. Identify all Facilities the company will service by attaching a table listing the following:
Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported #
Disposal Facility*

* If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.

Municipal and Industrial Biosolids *Disposal Facilities:*

2. Provide transportation routes from all generating facilities to all applicable disposal facilities.

Municipal and Industrial Biosolids *Transportation Routes:*

3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).

Sludge Treatment Description Upload:

4. Provide results of a laboratory analysis of a representative sample of the sludge which was obtained not more than 6 months before submission of the application unless these results would be submitted as a part of the land application program. The analysis shall include, as a minimum, percent solids, pH, and the dry weight concentration of total nitrogen, ammonium, nitrate, total phosphorous, total potassium, cadmium, copper, mercury, nickel, lead, zinc, arsenic, selenium, and molybdenum.

Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

Sludge From Package Treatment Plants

1. Identify all Facilities the company will service by attaching a table listing the following:
Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported # Disposal Facility*

* If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.

Sludge From Package Treatment Plants *Disposal Facilities:*

2. Provide transportation routes from all generating facilities to all applicable disposal facilities.

Sludge From Package Treatment Plants *Transportation Routes:*

3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).

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Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

Other Non-Hazardous Liquid Wastes

1. Describe the source, nature and make-up of the non-hazardous liquid waste to be transported.

Sewage - Residential or Commercial Liquid Waste Water

2. Will any of the wastes contain petroleum products (i.e. oil, gas, grease, etc.)?

_____ **Yes** _____ **No** : no

* Transportation of liquid wastes containing any petroleum products will require a permit from the Division of Waste & Hazardous Substances (302-739-9400).

Operating Plan
Attach an Operation Plan detailing the following: a spill reporting and clean-up plan, plans for cleaning vehicles, recordkeeping procedures and days and hours of operation.
Operating Plan Upload: <i>Pumpman Philly Vac Truck Spill Response Plan.pdf</i>

Disposal Facilities
Attach a list of all disposal facilities to be used. Include a copy of the permit/authorization letter from each disposal facility stating the company is currently authorized to discharge the requested waste stream (i.e. septage, holding tank waste, portable toilet waste, etc.) to the facility.
Disposal Facilities Upload: <i>Vac Truck Permit.pdf</i>

Proof of Bond (If applicable)
Proof of Bond - Part III B, Section 500 of the Guidance and Regulations Governing the Land Treatment of Wastes directs, as a requirement for keeping a permit issued under these Regulations, the permittee to file a bond or other security in the amount of Five Thousand Dollars (\$5,000) with the Department. The bond is to be payable to the Department and the obligation of the bond shall be conditioned upon the fulfillment of all requirements related to the permit. If this application is for permit renewal, please submit a copy of the current Transporters Bond certification.
Proof of Bond Upload: <i>doc03429320240501170717.pdf</i>

8. Certification	
I certify that all information submitted as part of this application is true and correct to the best of my knowledge and belief.	
Printed Name of Applicant: Jennifer Christinzio	Date Submitted via DNREC ePermitting: 2024-05-24 09:49:42



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/12/2024

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 Kore Insurance Holdings, LLC P.O. Box 473 354 Eisenhower Parkway, Plaza 1 Livingston, NJ 07039	CONTACT NAME: Roger Hohne PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS: rhohne@koreins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Executive Risk Indemnity Inc.	NAIC # 35181
INSURER B : Federal Insurance Company	NAIC # 20281
INSURER C : Chubb Insurance Company of New Jersey	NAIC # 41386
INSURER D : Travelers Property Casualty Company of America	NAIC # 25674
INSURER E :	
INSURER F :	

INSURED
 Pumpman Holdings, LLC
 and see below
 160 Pehle Ave.
 Saddle Brook, NJ 07663

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			54310298-03	9/15/2023	9/15/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			54310297	9/15/2023	9/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			93652749	9/15/2023	9/15/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	54310299	9/15/2023	9/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Excess			EX-6S08836A	9/15/2023	9/15/2024	\$ 3,000,000

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

Named entities:

Pumpman Pump Systems
 Pumpman Philly
 Alyan PM, LLC
 NYC Pumps PM, LLC
 NYC Pumps PMF, LLC
 WC Weil PM, LLC

CERTIFICATE HOLDER

CANCELLATION

DNREC
 715 Grantham Ln #715
 New Castle, DE 19720

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

State of Delaware
Department of Natural Resources
and Environmental Control

This certifies that
Scott Patton II

has been issued a

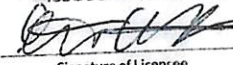
On-Site Wastewater Liquid Waste Hauler (Class F) License

License Number: **6235F**

restricted to use in duties as an employee of
Pumpman Philly

Issued: 03/04/2024

Expires: 12/31/2024



Signature of Licensee



Steven M. Smaller, Director, Division of Water



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. BOX 999 • CHESTER, PA 19016-0999

June 13, 2024

Jenn Christinzio
Administrator
PumpMan Philly
930 Henderson Blvd
Folcroft, PA 19032

Re: Disposal Approval

Dear Ms. Christinzio:

Please allow this letter to confirm DELCORA's ability and capacity to accept septage, holding tank, grease trap, municipal/industrial biosolids, package treatment plant sludge, and other non-hazardous liquid waste for treatment at our Western Regional Treatment Plant (WRTP). This acceptance is contingent upon all waste streams remaining in compliance with our rules and regulations for hauled waste. Additionally, this will confirm that as haulers are currently permitted to utilize our facilities, **PumpMan Philly** will be permitted to transport approved waste streams to the WRTP.

If you have any questions regarding this letter, please contact me directly at (610) 876-5523, extension 218.

Sincerely,

Michael J Krause

Michael J. Krause
Pretreatment Supervisor

cc: Michael J. DiSantis
Chris Lenton

ADMINISTRATION
PHONE: 610-876-5523
FAX: 610-876-2728

CUSTOMER SERVICE/BILLING
PHONE: 610-876-5526
FAX: 610-876-1460

PURCHASING & STORES
PHONE: 610-876-5523
FAX: 610-497-7959

PLANT & MAINTENANCE
PHONE: 610-876-5523
FAX: 610-497-7950



SEWAGE SPILL EMERGENCY RESPONSE PLAN

This Plan establishes proper clean-up procedures and safety measures to be followed during sewage spill and remediation efforts. These procedures are designed to protect employees, the public, and the environment from the potentially harmful effects associated with sewage spills. Normal hours of operation for Pumpman Philly are Monday through Friday 7:30am-4:00pm with 24/7 emergency services available.

Response Personnel

Pumpman Philly personnel are primary responders to sewage spills. Responsibilities include determining the cause of, and stopping, a sewage spill, proper cleanup and disposal of spilled sewage and, when necessary, conformance with lock-out tag-out and confined space procedures appropriate for the situation. Pumpman Philly supervisors shall be responsible for ensuring that response personnel are trained prior to engaging in sewage spill clean-up efforts and that sewage spill clean-up efforts are done in accordance with this Plan.

Response Time

Response time while for any spill on site will be immediate IAW response procedure below. If there is a spill of sewage while not on site, response time will be dependent on time of day and location of the spill from Pumpman Philly location.

Potential System Failures

Potential significant system failures are blockage of a main line or failure of sewer system pumps, either of which could quickly cause a large spill. Or, a failure at the hose during Vacuum Truck services or a connection on the truck itself. To mitigate any large scale spill we inspect all truck and hose connections prior to operations.

Health Hazards

Many disease-causing agents are potentially present in raw sewage. These organisms include bacteria, viruses, fungi and parasites. In the U.S., most illnesses associated with raw sewage exposure produce mild to severe flu-like or cold-like symptoms. However, more serious illnesses, such as Hepatitis A, can be contracted through direct contact (mouth, eyes, nose, and ears) with raw sewage. With respect to HIV (AIDS) and HBV (Hepatitis B), the Division of Occupational Safety and Health (DOSH) has stated, in the Bloodborne Pathogen Standard, the following:

There is no evidence to suggest that sewage plant or wastewater workers are at increased risk for hepatitis B infection. HBV and HIV may be present in wastewater, but only in a non-viable state and in very dilute concentrations, which would not be expected to pose a risk to wastewater workers or sewage plant workers.

Since microorganisms can cause disease by entering the body through the mouth, eyes, ears, nose, or through cuts and abrasions to the skin, proper hygiene, and appropriate personal protective equipment (PPE) must be utilized when the potential for direct contact with raw sewage is possible.

Proper Hygiene

Wear waterproof gloves

Wash your hands thoroughly after clean up work. Use plenty of soap, scrub for at least 30 seconds, and rinse thoroughly. The Department of Health Services states: "frequent, routine hand washing is the most important safeguard in preventing infection by agents present in sewage."

Do not touch fecal matter or raw sewage with bare hands. Wear waterproof gloves and use an instrument such as tongs or a spade when direct contact with fecal material is necessary.

Do not touch your nose, mouth eyes or ears with your hands unless you have just washed.

Do not smoke, eat, drink, apply lip treatments, or chew gum while cleaning up fecal matter or raw sewage.

Reduce exposure by keeping those who are not properly protected from coming in contact with the material.

Clean everything, including clothes, tools, and footwear, that came in contact with the fecal matter or raw sewage. Use "H2Orange" to wash down contaminated surfaces and clean-up equipment.

Personal Protective and Clean Up Equipment

As appropriate, use the following equipment when cleaning sewage spills.

- Waterproof gloves
- Face Shield
- Impervious Coveralls
- Disinfectant detergent (e.g. H2Orange)
- Buckets
- Wet/Dry Vacuum
- Hudson Sprayer(s)
- Mops
- Tongs
- Shovels
- Portable pumps
- Fans/blowers
- Confined Space Entry Equipment
- Portable generator

Clean Up Procedure

1. Evaluate how big the spill is (or may become) and take actions to contain the spill in the smallest area possible. If possible, prevent the spill from entering a storm drain.
2. Secure area against unauthorized entry.
3. Investigate the potential for electrical hazards and de-energize electrical circuits as necessary.
4. Determine if confined space procedures are required and implement as necessary.
5. Follow the "Proper Hygiene" section of this document during any clean-up activities.
6. Acquire all appropriate Personal Protective Equipment (PPE) and clean up equipment.
7. Prepare "**H2Orange**" or **other disinfectant detergent**, in bucket(s) and/or Hudson Sprayer(s), in accordance with the manufacturer's directions.
8. Put on appropriate PPE

9. Remove all furniture, loose rugs, and other items from the contaminated area.
10. Saturated wall-to-wall carpeting (including padding) should be removed, wrapped in plastic, and delivered to a sanitary landfill. These items can not normally be adequately cleaned. If you decide to keep the carpeting, hire a licensed carpet cleaning company to steam clean and disinfect the carpet.
11. All hard surfaces, such as linoleum, hardwood floors, concrete, wood moldings, wood, and metal furniture, etc. should be thoroughly cleaned with hot water and disinfectant detergent. Let the surface air-dry.
12. Upholstered furniture, loose rugs, draperies etc., should be professionally cleaned. Notify the cleaner of the problem.
13. Remove and replace plaster, plasterboard, and lath that have been saturated and are soft to the touch. If the surface has only been wetted, clean as you would a hard surface, but do not saturate the plaster.
14. Clean sinks, rinse basins, and/or other plumbing fixtures that have had sewage back-up, with disinfectant detergent.
15. Collect and dispose of raw sewage and/or fecal matter into an active sewer system.
16. If spill is inside a building, increase air circulation to reduce odors and mold growth. Open all windows and doors. The use of fans and heaters should also be used to speed the drying process.
17. Following complete clean-up of the contaminated area, wash your hands thoroughly and launder soiled clothes separately. Disinfect “clean-up” mops, brooms, shovels, tongs, brushes, etc. with disinfectant detergent.

If you have any questions or concerns regarding the clean-up and disposal of fecal mater and/or raw sewage, please contact the Office of Pumpman Philly. Our vehicles are cleaned inside and out weekly during normal operations and cleaned immediately following a spill IAW the procedure above. All records regarding any spill or accident are kept at the Pumpman Philly office. All records are retained in a physical and digital format and are available upon request.

Exposure and First Aid

If you believe that raw sewage has come into direct contact with your eyes, mouth, ears, nose, or a cut, abrasion, puncture, etc., immediately and thoroughly wash the exposed area with copious amounts of soap and water and seek the care of an authorized Occupational Physician.

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we PumpMan Philly
 _____, of 930 Henderson Blvd., Folcroft, PA 19032
 hereinafter referred to as the Principal, and Great American Insurance Company
 a corporation organized and existing under the laws of the State of Ohio
 and authorized to do business in the State of Delaware, as Surety, are held
 and firmly bound unto Delaware Department of Natural Resources and Environmental Control
 hereinafter referred to as Obligee, in the sum of Five Thousand and 00/100 Dollars (\$5,000.00), lawful money of
 the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors, and
 assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to
 the Obligee for the purpose of, or to exercise the vocation of Non-Hazardous Liquid Waste Transporters Permit

NOW, THEREFORE, if the Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force
 concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become
 liable on account of the issuance of said license or permit to the Principal, then this obligation shall be void; otherwise, to remain in full force and effect.

THIS BOND WILL EXPIRE June 28th, 2025, but may be
 continued by continuation certificate signed by Principal and Surety. The surety may at any time terminate its liability by giving thirty (30) days written
 notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED this 28th day of June, 2024.


PumpMan Philly

 Principal

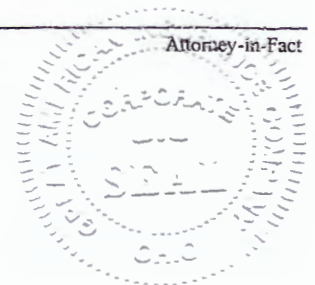
By: _____

Great American Insurance Company

 Surety

By: 

 Attorney-in-Fact
 Vincent G. Matthews,



Surety Acknowledgement

State of New Jersey

County of Essex

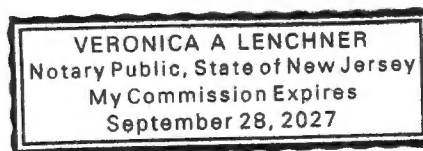
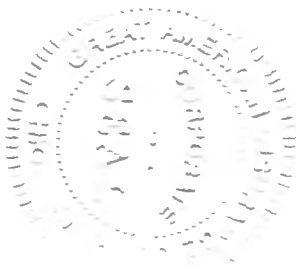
On this 28th day of June in the year 2024 before me personally came Vincent G. Matthews to me known, who, being by me duly sworn, did depose and say that he/she resides in Bergen County, New Jersey that he/she is the Attorney-In-Fact for

Great American Insurance Company

the corporation described in and which executed the attached instrument; that he/she knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; and that it was affixed by Order of the Board of Directors of the said corporation, and that he/she signed his/her name thereto by like order.



Notary Public



Corporate Acknowledgement

STATE OF _____

COUNTY OF _____

On this ____ day of _____ the year 2024 before me _____,

NOTARY PUBLIC personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be

the person who executed the within instrument as president (or secretary) or on

behalf of the corporation therein named and acknowledged to me that the

corporation executed it.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by Official Seal,
the date and year first above written.

My Commission expires _____

Notary Public, residing in

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than **ONE**

No. 0 21621

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address OF	Limit of Power
VINCENT G. MATTHEWS		\$10,000,000
ANTHONY R. FERRARA	LIVINGSTON, NJ	

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this **30TH** day of **MARCH**, 2021

Attest

GREAT AMERICAN INSURANCE COMPANY



Handwritten signature of Assistant Secretary

Assistant Secretary

Handwritten signature of Mark Vicario

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this **30TH** day of **MARCH**, 2021, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

Handwritten signature of Susan A Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this **28th** day of **June**, 2024



Handwritten signature of Stephen C. Beraha
Assistant Secretary



301 East 4th Street
Cincinnati, OH 45202

GAIIG.com

GREAT AMERICAN INSURANCE COMPANY

**STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2023**

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS	
Bonds.....	\$ 5,823,826,242	Unpaid losses and loss expenses.....	\$ 5,894,983,582
Stocks.....	1,237,341,409	Reserve for underwriting expenses.....	409,340,848
Mortgage loans on real estate.....	710,228,304	Reserve for unearned premiums.....	2,012,834,616
Real estate (net of encumbrances).....	2,008,971	Ceded reinsurance premiums payable.....	204,344,750
Cash and short-term investments.....	466,843,467	Funds held under reinsurance treaties.....	889,657,448
Other invested assets.....	2,336,668,473	Provision for reinsurance.....	37,574,400
Receivable for securities.....	474,176	Retroactive reinsurance ceded.....	(87,170,073)
Investment income due and accrued.....	60,912,415	Other liabilities.....	212,548,188
Agents' and premium balances.....	867,397,942	Total liabilities.....	9,604,213,759
Reinsurance recoverable on loss payments.....	145,881,301		
Federal income taxes.....	14,682,309	Capital stock.....	\$ 15,440,600
Net deferred tax asset.....	34,470,095	Paid in surplus.....	903,529,318
Receivable from affiliates.....	28,828,823	Special surplus funds.....	57,081,006
Receivable from Federal Crop Insurance Corporation.....	747,280,659	Unassigned funds.....	2,211,184,704
Company owned life insurance.....	197,050,712	Policyholders' surplus.....	3,187,245,628
Funds held as collateral.....	47,607,564		
Funded deductibles.....	33,104,908		
Other admitted assets.....	34,841,617		
Total.....	\$ 12,791,459,387	Total.....	\$ 12,781,459,387

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO
COUNTY OF HAMILTON

Judith E. Gill, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2023.

Subscribed and sworn to before me

this 28th day of February, 2023.

Valerie Smith
Public Notary

Judith E. Gill
Controller
Stephen Beraha
Assistant Secretary



VALERIE SMITH
Notary Public
State of Ohio
My Comm. Expires
October 17, 2026

