



# 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): DE-WH-436

## 2. Company Information

Company Name: United Rentals DBA Reliable  
Onsite Services

Telephone: 856-534-4447

Fax:

Address (street, city, state and zip code): 190 East Ninth St, Runnemede, New Jersey, 08078

Company Email Address & Contact Name: jwalker5@ur.com, Jeffrey Walker

## 3. Owner/President Business Information

Name: Jeffrey Walker

Business Telephone: 8565344447

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	Peterbilt	337	2022	tank	3313088	Indiana	1,100
2	Mack	MD6	2024	tank	3710760	Indiana	1100
3	Peterbilt	536	2023	tank	3596424	Indiana	1100
4	Peterbilt	536	2024	Tank	3596754	Indiana	1100
5	Peterbilt	536	2023	tank	3666418	Indiana	1100
6	Mack	MD6	2025	tank	3404978	Indiana	695
7	Mack	MD6	2024	tank	3734666	Indiana	1100

\* 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: DE DNR.pdf, DE DNR.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 type="checkbox"/>	Septage	gal/yr
ii.	<input type="checkbox"/>	Holding Tank Waste	gal/yr
iii.	<input type="checkbox"/>	Grease Trap Waste and/or Cooking Oil Waste	gal/yr
iv.	<input checked="" type="checkbox"/>	Portable Toilet Waste	75,000 gal/yr

v.		Municipal or Industrial Biosolids	# wet tons/yr
vi.		Sludge From Package Treatment Plants	# wet tons/yr
vii.		Other Non-Hazardous Liquid Waste	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:</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>

### 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:  
Class F Licenses Uploaded:

### 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: **C Burke F license 202509-23-2025-071903.pdf , J Williams F License 202509-23-2025-072321.pdf , K Caraballo F license 202509-23-2025-072230.pdf , M Blair\_M Young F License 202509-23-2025-072121.pdf , K Schuler F License 202509-23-2025-101153.pdf**

3. Quantity of portable toilets you own: **250**

### 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).

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:

**Other Non-Hazardous Liquid Wastes**

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

<p>2. Will any of the wastes contain petroleum products (i.e. oil, gas, grease, etc.)?          _____ <b>Yes</b> _____ <b>No</b> :</p> <p>* Transportation of liquid wastes containing any petroleum products will require a permit from the Division of Waste &amp; Hazardous Substances (302-739-9400).</p>

<b>Operating Plan</b>
<p>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.</p>
<p>Operating Plan Upload: <b><i>Oper Plan.pdf</i></b></p>

<b>Disposal Facilities</b>
<p>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.</p>
<p>Disposal Facilities Upload: <b><i>2025 Town of Laurel.pdf , 2025-12 New Castle DE Waste Haul Permits 2025 01-15-2025.pdf , 2026-11 Delcora WWTP.pdf</i></b></p>

<b>Proof of Bond (If applicable)</b>
<p>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.</p>
<p>Proof of Bond Upload:</p>

<b>8. Certification</b>	
<p>I certify that all information submitted as part of this application is true and correct to the best of my knowledge and belief.</p>	
<p>Printed Name of Applicant: Jeffrey Walker</p>	<p>Date Submitted via DNREC ePermitting: 2025-09-23 10:31:05</p>



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/27/2024

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> United Rentals (North America), Inc. United Rentals, Inc. & Subsidiaries 100 First Stamford Place, Suite 700 Stamford CT 06902 USA	<b>INSURER A:</b> ACE American Insurance Company	22667
	<b>INSURER B:</b> Indemnity Insurance Co of North America	43575
	<b>INSURER C:</b> ACE Fire Underwriters Insurance Co.	20702
	<b>INSURER D:</b> Fireman's Fund Indemnity Corp	11380
	<b>INSURER E:</b> Zurich American Ins Co	16535
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 570108548890**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.

Limits shown are as requested

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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	XSLG48927026 SIR applies per policy terms & conditions	10/01/2024	10/01/2025	EACH OCCURRENCE	\$3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000
	<input checked="" type="checkbox"/> \$2,000,000 SIR						MED EXP (Any one person)	Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$3,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$6,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$6,000,000
A	<b>AUTOMOBILE LIABILITY</b>	Y	Y	ISA H11347745	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			USZ00099324 SIR applies per policy terms & conditions	10/01/2024	10/01/2025	EACH OCCURRENCE	\$10,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y	N/A	WLRC72605226 AOS WLRC72605263 AZ CA MA	10/01/2024	10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$2,000,000
							E.L. DISEASE-POLICY LIMIT	\$2,000,000
A	Excess Workers Compensation			WCUC72605305 WA SIR applies per policy terms & conditions	10/01/2024	10/01/2025	EL Each Accident	\$2,000,000
							EL Disease - Policy	\$2,000,000
							EL Disease - Ea Emp	\$2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

DELEWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL 89 KINGS HIGHWAY DOVER DE 19901 USA	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  <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier : A

Certificate No : 570108548890



**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

[illegible]



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED United Rentals (North America), Inc.
POLICY NUMBER See Certificate Number: 570108548890		
CARRIER See Certificate Number: 570108548890	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### CERTIFICATE CONTINUATION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS CONT.

RE: ALL OPERATIONS PERFORMED FOR THE CERTIFICATE HOLDER.

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION POLICIES. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE EMPLOYERS LIABILITY POLICY FOR KENTUCKY, MISSOURI, NEW HAMPSHIRE, & NEW JERSEY. GENERAL LIABILITY AND AUTO LIABILITY EVIDENCED HEREIN IS PRIMARY AND NON-CONTRIBUTORY TO OTHER INSURANCE AVAILABLE TO AN ADDITIONAL INSURED, BUT ONLY IN ACCORDANCE WITH THE POLICY'S PROVISIONS.

CONTRACTUAL LIABILITY, BROAD FORM PROPERTY DAMAGE COVERAGE, INDEPENDENT CONTRACTORS COVERAGE IS PROVIDED IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY POLICY.

THERE IS NO SPECIFIC "XCU" EXCLUSIONS AND COVERAGE IN ACCORDANCE WITH POLICY'S GENERAL LIABILITY TERMS AND CONDITIONS.

GENERAL LIABILITY POLICY INCLUDES THE FOLLOWING ENDORSEMENT FORMS IN ACCORDANCE WITH THE POLICY PROVISIONS:

ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - COMPLETED OPERATIONS

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - ONGOING OPERATIONS

ALL OTHER STATES (AOS) INCLUDES: ITEM 3 A . WORKERS' COMPENSATION INSURANCE:

PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE: AK, AL, AR, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WV.





AGENCY CUSTOMER ID: 570000086099

LOC #:

**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED United Rentals (North America), Inc.	
POLICY NUMBER See Certificate Number: 570108548890		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570108548890	NAIC CODE		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

## CERTIFICATE CONTINUATION

SHOULD THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AOS WORKERS COMPENSATION/EMPLOYERS LIABILITY, AND/OR ARIZONA, CALIFORNIA, MASSACHUSETTS WORKERS COMPENSATION/EMPLOYERS LIABILITY POLICY(IES) BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE POLICY PROVISIONS WILL GOVERN HOW NOTICE OF CANCELLATION MAY BE DELIVERED TO CERTIFICATE HOLDERS IN ACCORDANCE WITH THE POLICY PROVISIONS OF EACH POLICY.

## ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT – AUTOMATIC STATUS WHEN REQUIRED IN LEASE AGREEMENT WITH YOU

Named Insured United Rentals Inc.			Endorsement Number 6
Policy Symbol XSL	Policy Number G48927026	Policy Period 10/01/2024 to 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

#### **Excess Commercial General Liability Policy**

**A. SECTION II – WHO IS AN INSURED** is amended to include as an additional insured any person(s) or organization(s) from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

**B.** With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE AND RETAINED LIMIT:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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Authorized Representative

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

Named Insured United Rentals Inc.			Endorsement Number 9
Policy Symbol XSL	Policy Number G48927026	Policy Period 10/01/2024 to 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any party, not otherwise specifically named on an Additional Insured endorsement, with whom the Named Insured has agreed to make an additional insured prior to the date of loss, pursuant to either a written contract or the approval of the Director of Risk Management	All locations where you are performing operations for such additional insureds
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance And Retained Limit:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

\_\_\_\_\_  
Authorized Representative

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

Named Insured United Rentals Inc.			Endorsement Number 8
Policy Symbol XSL	Policy Number G48927026	Policy Period 10/01/2024 to 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any party, not otherwise specifically named on an Additional Insured endorsement, with whom the Named Insured has agreed to make an additional insured prior to the date of loss, pursuant to either a written contract or the approval of the Director of Risk Management	All locations where you are performing operations for such additional insureds
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance And Retained Limit:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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Authorized Representative

## NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED

Named Insured United Rentals Inc.			Endorsement Number 3
Policy Symbol XSL	Policy Number G48927026	Policy Period 10/01/2024 to 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### Schedule

#### Organization

#### Additional Insured Endorsement

All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title

*(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)*

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss and is primary (subject to satisfaction of the "retained limit"), meaning that we will not seek contribution from the other insurance available to the Additional Insured. Your "retained limit" still applies to such loss, and we will only pay the Additional Insured for the "ultimate net loss" in excess of the "retained limit" shown in the Declarations of this policy.

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Authorized Representative

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

Named Insured United Rentals Inc.			Endorsement Number 1
Policy Symbol XSL	Policy Number G48927026	Policy Period 10/01/2024 to 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**EXCESS COMMERCIAL GENERAL LIABILITY POLICY****SCHEDULE**

**Name of Person or Organization:** Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this policy. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

All Other Terms And Conditions Remain Unchanged.

\_\_\_\_\_  
Authorized Representative

## ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured United Rentals Inc.			Endorsement Number 2
Policy Symbol ISA	Policy Number H11347745	Policy Period 10/01/2024 TO 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
AUTO DEALERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any organization whom you have agreed, via writing from your Director of Risk Management, or under written contract, to include as an additional insured provided such written agreement or contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

\_\_\_\_\_  
Authorized Representative



**NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED**

Named Insured United Rentals Inc.			Endorsement Number 3
Policy Symbol ISA	Policy Number H11347745	Policy Period 10/01/2024 TO 10/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
AUTO DEALERS COVERAGE FORM**

**Schedule**

<u>Organization</u>	<u>Additional Insured Endorsement</u>
All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title	DA-9U74C

*(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)*

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance Condition under General Conditions:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

\_\_\_\_\_  
Authorized Representative

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured <b>United Rentals Inc.</b>			Endorsement Number <b>4</b>
Policy Symbol <b>ISA</b>	Policy Number <b>H11347745</b>	Policy Period <b>10/01/2024 TO 10/01/2025</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company) <b>ACE American Insurance Company</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIERS COVERAGE FORM  
AUTO DEALERS COVERAGE FORM**

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

#### SCHEDULE

Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

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Authorized Representative

### Workers' Compensation and Employers' Liability Policy

Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: WLR    Number: C72605226
Policy Period 10-01-2024 <b>TO</b> 10-01-2025	Effective Date of Endorsement 10-01-2024
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent

### Workers' Compensation and Employers' Liability Policy

Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: WLR    Number: C72605263
Policy Period 10-01-2024 <b>TO</b> 10-01-2025	Effective Date of Endorsement 10-01-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent

**G. Omnibus Reconciliation Act - Government Access Clause**

We will make available this policy and all documents needed to confirm the premium paid by you if the Secretary of Health and Human Services or the Comptroller General of the United States find that the policy is a contractor described in Section 1861 of the Social Security Act, 42 U.S.C. Section 1395, or any amendment to it, and they or you ask for our documents.

If the Secretary of Health and Human Services or the Comptroller General asks for access to our documents, we will immediately notify you and make these documents available to you, unless prohibited by law.

The right to access will be determined by the above statute, or any amendment to it, or any rules or regulations established under it.

**H. Other Insurance**

If the Insured carries other valid insurance, reinsurance or indemnity with any other insurer covering a loss covered by this policy (other than insurance that is purchased to apply in excess of the sum of Your Retention and the Limit of Indemnity hereunder), we shall not be liable for a greater proportion of such loss than the applicable Limit of Indemnity of all valid and collectible insurance, reinsurance or indemnity against such loss.

If the Insured carries other insurance with us covering a loss within the limit covered by this policy, the insured must elect which policy shall apply and we shall be liable under the policy so elected and shall not be liable under any other policy.

**I. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. Any amount recovered as a result of such proceedings, together with all expenses necessary to the recovery of any such amount, shall be apportioned as follows:

1. if there is insurance coverage in excess of Our Limit of Indemnity, that insurer shall first be reimbursed to the extent of its actual payment;
2. we shall then be reimbursed to the extent of our actual payment and then we will pay the balance, if any, to you.

The expenses of all proceedings necessary to the recovery of any such amount shall be apportioned between you and us in the ratio of their respective recoveries as finally settled. If there should be no recovery in proceedings instituted solely on our initiative, the expenses thereof shall be borne by us.

In the event of any payment under this policy for a Loss for which you have waived the right of recovery in a written contract entered into prior to the Loss, we hereby agree to also waive our right of recovery but only with respect to such Loss.

**J. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to give or receive notice of cancellation, accept indemnity, receive return premium or request changes in this policy.

**K. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

**L. Unintentional Errors and Omissions**

Your failure or omission to disclose all hazards existing as of the inception date of the policy shall not prejudice you with respect to the coverage afforded by this policy provided such failure or omission is not intentional and you did not know about such hazards prior to the commencement of the policy period.

### Workers' Compensation and Employers' Liability Policy

Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: SCF    Number: C72605342
Policy Period 10-01-2024 <b>TO</b> 10-01-2025	Effective Date of Endorsement 10-01-2024
Issued By (Name of Insurance Company) ACE FIRE UNDERWRITERS INS CO	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent



# Blanket Waiver of Subrogation Endorsement

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Zurich Employer Work Injury Liability Insurance Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

I. Section VIII. Conditions is modified as follows:

A. Paragraph F. Subrogation Recovery from Others is replaced with:

We waive any right of recovery we may have against the person or organization because of payments we make for **Accidental Bodily Injury, Occupational Disease or Cumulative Trauma** arising out of **Your Work** done under a written contract with that person or organization.

Effective Date: 10/01/2024 Attached to and forming a part of Policy No. NSL1138282-02

## NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

Named Insured <b>United Rentals Inc.</b>			Endorsement Number <b>4</b>
Policy Symbol <b>XSL</b>	Policy Number <b>G48927026</b>	Policy Period <b>10/01/2024 TO 10/01/2025</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company) <b>ACE American Insurance Company</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A.** If we cancel the Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the physical and/or e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B.** The Schedule must be initially provided to us within 15 days after:
  - i.** The beginning of the Policy period, if this endorsement is effective as of such date; or
  - ii.** This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C.** The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F.** The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H.** We may arrange with your representative to send such notice in the event of any such cancellation.
- I.** You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J.** This endorsement does not apply in the event that you cancel the Policy.



All other terms and conditions of the Policy remain unchanged.

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Authorized Representative



## NOTICE TO POLICYHOLDERS

### NOTICE TO OTHERS – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be ***in addition to*** our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B. The notice of cancellation, as provided by your representative, is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E. The provisions of this notice do not apply in the event that you cancel the Policy.

### Workers' Compensation and Employers' Liability Policy

Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: WLR Number: C72605226
Policy Period 10-01-2024 <b>TO</b> 10-01-2025	Effective Date of Endorsement 10-01-2024
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### NOTICE TO OTHERS ENDORSEMENT – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be **in addition to** our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.



Authorized Representative



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/18/2025

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> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> United Rentals (North America), Inc. United Rentals, Inc. & Subsidiaries 100 First Stamford Place, Suite 700 Stamford CT 06902 USA	<b>INSURER A:</b> Fireman's Fund Indemnity Corp	11380
	<b>INSURER B:</b> ACE American Insurance Company	22667
	<b>INSURER C:</b> Indemnity Insurance Co of North America	43575
	<b>INSURER D:</b> ACE Fire Underwriters Insurance Co.	20702
	<b>INSURER E:</b> Zurich American Ins Co	16535
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 570115545352**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$2,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSLG48957894 SIR applies per policy terms & conditions	10/01/2025	10/01/2026	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$3,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H11432001	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION			USZ00099324 SIR applies per policy terms & conditions	10/01/2025	10/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	WLRC72628974 AOS WLRC72628937 AZ CA	10/01/2025	10/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000
B	Excess Workers Compensation			WCUC7262905A WA SIR applies per policy terms & conditions	10/01/2025	10/01/2026	EL Each Accident \$2,000,000 EL Disease - Policy \$2,000,000 EL Disease - Ea Emp \$2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

DELEWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL 89 KINGS HIGHWAY DOVER DE 19901 USA	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  <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier : A

Certificate No : 570115545352



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED United Rentals (North America), Inc.	
POLICY NUMBER See Certificate Number: 570115545352			
CARRIER See Certificate Number: 570115545352	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
D		N/A		SCFC72629012 WI	10/01/2025	10/01/2026		
	OTHER							
E	Miscellaneous Liability Coverages			NSL113828203 TX Non-Subscriber SIR applies per policy terms & conditions	10/01/2025	10/01/2026	CSL/TOT/IND/OCC	\$5,000,000



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED United Rentals (North America), Inc.
POLICY NUMBER See Certificate Number: 570115545352		EFFECTIVE DATE:
CARRIER See Certificate Number: 570115545352	NAIC CODE	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### CERTIFICATE CONTINUATION

#### DESCRIPTION OF OPERATIONS CONTINUED

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION POLICIES. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE EMPLOYERS LIABILITY POLICY FOR KENTUCKY, MISSOURI, NEW HAMPSHIRE, & NEW JERSEY. GENERAL LIABILITY AND AUTO LIABILITY EVIDENCED HEREIN IS PRIMARY AND NON-CONTRIBUTORY TO OTHER INSURANCE AVAILABLE TO AN ADDITIONAL INSURED, BUT ONLY IN ACCORDANCE WITH THE POLICY'S PROVISIONS.

CONTRACTUAL LIABILITY, BROAD FORM PROPERTY DAMAGE COVERAGE, INDEPENDENT CONTRACTORS COVERAGE IS PROVIDED IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY POLICY.

THERE IS NO SPECIFIC "XCU" EXCLUSIONS AND COVERAGE IN ACCORDANCE WITH POLICY'S GENERAL LIABILITY TERMS AND CONDITIONS.

ALL OTHER STATES (AOS) INCLUDES: ITEM 3 A . WORKERS' COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE: AK, AL, AR, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WV.

#### NOTICE OF CANCELLATION

SHOULD THE GENERAL LIABILITY, AUTO LIABILITY, AOS WORKERS COMPENSATION/EMPLOYERS LIABILITY, AND/OR ARIZONA, CALIFORNIA, MASSACHUSETTS WORKERS COMPENSATION/EMPLOYERS LIABILITY POLICY(IES) BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE POLICY PROVISIONS WILL GOVERN HOW NOTICE OF CANCELLATION MAY BE DELIVERED TO CERTIFICATE HOLDERS IN ACCORDANCE WITH THE POLICY PROVISIONS OF EACH POLICY.

**ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT – AUTOMATIC  
STATUS WHEN REQUIRED IN LEASE AGREEMENT WITH YOU**

Named Insured United Rentals, Inc.			Endorsement Number 6
Policy Symbol XSL	Policy Number G48957894	Policy Period 10/01/2025 to 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**Excess Commercial General Liability Policy**

**A. SECTION II – WHO IS AN INSURED** is amended to include as an additional insured any person(s) or organization(s) from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

**B.** With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE AND RETAINED LIMIT**:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

\_\_\_\_\_  
Authorized Representative

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

Named Insured United Rentals, Inc.			Endorsement Number 2
Policy Symbol XSL	Policy Number G48957894	Policy Period 10/01/2025 to 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
A person or organization, when required by written contract or agreement that requires such person or organization be added as an additional insured on this policy, provided the written contract or agreement was executed prior to 'loss'	All locations where you are performing operations for such additional insureds
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance And Retained Limit:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

\_\_\_\_\_  
Authorized Representative



## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

Named Insured United Rentals, Inc.			Endorsement Number 7
Policy Symbol XSL	Policy Number G48957894	Policy Period 10/01/2025 to 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any party, not otherwise specifically named on an Additional Insured endorsement, with whom the Named Insured has agreed to make an additional insured prior to the date of loss, pursuant to a written contract.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance And Retained Limit:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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Authorized Representative

## NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED

Named Insured United Rentals, Inc.			Endorsement Number 3
Policy Symbol XSL	Policy Number G48957894	Policy Period 10/01/2025 to 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

### EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### Schedule

#### Organization

#### Additional Insured Endorsement

Any additional insured with whom you have agreed to provide such non-contributory insurance, pursuant to and as required under a written contract executed prior to the date of loss

*(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)*

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss and is primary (subject to satisfaction of the "retained limit"), meaning that we will not seek contribution from the other insurance available to the Additional Insured. Your "retained limit" still applies to such loss, and we will only pay the Additional Insured for the "ultimate net loss" in excess of the "retained limit" shown in the Declarations of this policy.

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Authorized Representative

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

Named Insured United Rentals, Inc.			Endorsement Number 1
Policy Symbol XSL	Policy Number G48957894	Policy Period 10/01/2025 to 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**EXCESS COMMERCIAL GENERAL LIABILITY POLICY****SCHEDULE**

**Name of Person or Organization:** A Person or Organization where you have agreed in a written contract to waive your right of recovery, provided such contract was executed prior to the date of loss

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this policy. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

All Other Terms And Conditions Remain Unchanged.

\_\_\_\_\_  
Authorized Representative

## ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured United Rentals, Inc.			Endorsement Number 2
Policy Symbol ISA	Policy Number H11432001	Policy Period 10/01/2025 TO 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
AUTO DEALERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

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Authorized Representative

## NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED

Named Insured United Rentals, Inc.			Endorsement Number 3
Policy Symbol ISA	Policy Number H11432001	Policy Period 10/01/2025 TO 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM AUTO DEALERS COVERAGE FORM

#### Schedule

#### Organization

#### Additional Insured Endorsement

Any additional insured with whom you have agreed to provide such non-contributory insurance, pursuant to and as required under a written contract executed prior to the date of loss

*(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)*

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance Condition under General Conditions:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

\_\_\_\_\_  
Authorized Representative

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured United Rentals, Inc.			Endorsement Number 4
Policy Symbol ISA	Policy Number H11432001	Policy Period 10/01/2025 TO 10/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This Endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIERS COVERAGE FORM  
AUTO DEALERS COVERAGE FORM**

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

#### SCHEDULE

A Person or Organization where you have agreed in a written contract to waive your right of recovery, provided such contract was executed prior to the date of loss

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Authorized Representative

### Workers' Compensation and Employers' Liability Policy

Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: WLR    Number: C72628974
Policy Period 10-01-2025 <b>TO</b> 10-01-2026	Effective Date of Endorsement 10-01-2025
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

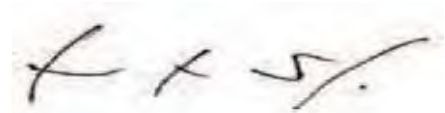
A PERSON OR ORGANIZATION WHERE YOU HAVE AGREED IN A WRITTEN CONTRACT TO WAIVE YOUR RIGHT OF RECOVERY, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent



## NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

Named Insured <b>United Rentals, Inc.</b>			Endorsement Number <b>4</b>
Policy Symbol <b>XSL</b>	Policy Number <b>G48957894</b>	Policy Period <b>10/01/2025 TO 10/01/2026</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company) <b>ACE American Insurance Company</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A.** If we cancel the Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the physical and/or e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B.** The Schedule must be initially provided to us within 15 days after:
  - i.** The beginning of the Policy period, if this endorsement is effective as of such date; or
  - ii.** This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C.** The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F.** The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H.** We may arrange with your representative to send such notice in the event of any such cancellation.
- I.** You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

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Authorized Representative

## NOTICE TO OTHERS ENDORSEMENT – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

Named Insured <b>United Rentals, Inc.</b>			Endorsement Number <b>1</b>
Policy Symbol <b>ISA</b>	Policy Number <b>H11432001</b>	Policy Period <b>10/01/2025 TO 10/01/2026</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company) <b>ACE American Insurance Company</b>			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be ***in addition to*** our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

\_\_\_\_\_  
Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

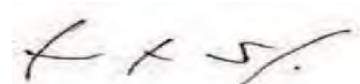
Named Insured UNITED RENTALS, INC. 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD CT 06902	Endorsement Number
	Policy Number Symbol: WLR Number: C72628974
Policy Period 10-01-2025 <b>TO</b> 10-01-2026	Effective Date of Endorsement 10-01-2025
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**NOTICE TO OTHERS ENDORSEMENT – SCHEDULE  
NOTICE BY INSURED'S REPRESENTATIVE**

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be **in addition to** our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.



Authorized Representative

State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Christopher M Burak**

has been issued a

**On-Site Wastewater Liquid Waste Hauler (Class F) License**  
License Number: 6301F

Valid from May 16, 2025 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations of the board, any condition of this license, or the provisions of the act under which the license is issued.

State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Joesph Williams**

has been issued a

**On-Site Wastewater Liquid Waste Hauler (Class F) License**  
License Number: 6276F

Valid from December 02, 2024 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations  
of the board, any condition of this license, or the provisions of the act under which the license is issued.

License Conditions

State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Kenneth Harrison Schuler**

has been issued a

**On-Site Wastewater Liquid Waste Hauler (Class F) License**  
License Number: 6251F

Valid from January 03, 2025 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations  
of the board, any condition of this license, or the provisions of the act under which the license is issued.

License Conditions

State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Kyle H Caraballo**

has been issued a

**On-Site Wastewater Liquid Waste Hauler (Class F) License**  
License Number: 6261F

Valid from January 07, 2025 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations  
of the board, any condition of this license, or the provisions of the act under which the license is issued.

License Conditions



State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Mark Blair**

has been issued a

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

License Number: 6252F

Valid from January 03, 2025 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



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Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations  
of the board, any condition of this license, or the provisions of the act under which the license is issued.

License Conditions

State of Delaware  
Department of Natural Resources and Environmental Control  
Division of Water  
89 Kings Highway, Dover, Delaware, 19901

This certifies that

**Matthew Young**

has been issued a

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

License Number: 6253F

Valid from January 03, 2025 through December 31, 2025

In the State of Delaware pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023. Regulations  
Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal  
Systems Delaware Administrative Code 7101, Section 1.0.



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Sarah Silves, Licensing Program Coordinator  
DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations  
of the board, any condition of this license, or the provisions of the act under which the license is issued.

License Conditions



Environmental Department  
United Rentals  
791 East 64<sup>th</sup> Avenue  
Denver, CO 80229

tel: 303 286 4394  
fax: 888 857 9762

[unitedrentals.com](http://unitedrentals.com)

September 23, 2025

Delaware Department of Natural Resources and Environmental Control  
89 Kings Highway  
Dover, DE 19901

RE: Operational Plan – Non-Hazardous Liquid Waste Transporter

Please find below United Rentals Operation Plan:

- Spill Reporting and Clean-Up Plan
  - United Rentals has contractor with a National Spill Response Management Company, Emergency Management, Inc. (EMI) to source and manage local spill response contractors in the event of a spill.
  - Each vehicle is equipped with a spill kit.
  - In the event of a spill, drivers will immediately contain the spill with spill kit and access whether additional assistance is required.
  - DNREC will be notified in the event of a spill.
- Cleaning of Vehicles
  - Vehicles are scheduled for weekly cleaning.
- Recordkeeping
  - All hauling/disposal records and required paperwork are stored in the Runnemede, NJ office and will be kept for a minimum of 5 years unless otherwise specified.
- Days/Hours of Operation
  - Mon – Fri 7:00 am to 5:00 pm with on call service nights and week-ends.



# Town of LAUREL DELAWARE

January 10, 2025

United Rentals Accounts Payable  
C/O Jeff Walker  
791 East 64th Avenue  
Denver, CO 80229

REFERENCE: Sewage Dumping Permit for 2025

To Whom It May Concern:

Please be advised your company, United Rentals, has a permit with the Town of Laurel, Delaware for calendar years 2025 to dump residential sewage at the town's wastewater septic receiving facility.

Should you have any questions, or need any further information, please feel free to contact me.

Sincerely,

THE TOWN OF LAUREL

Jamie T. Smith  
Town Manager

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER  
Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 379  
Transponder Access Button: 318522  
State of Registration: IN  
Vehicle License Number: 3313088  
Maximum Capacity (Gallons): 1,100

subject to the permit conditions established herein.

Effective Date: 1/1/2024  
Expiration Date: 12/31/2024

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER

Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 53973  
Transponder Access Button: 411441  
State of Registration: DE  
Vehicle License Number: 3666418  
Maximum Capacity (Gallons): 1,100

subject to the permit conditions established herein.

Effective Date: 1/1/2024

Expiration Date: 12/20/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager



NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER

Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 53974  
Transponder Access Button: 411502  
State of Registration: DE  
Vehicle License Number: 3734666  
Maximum Capacity (Gallons): 1,100

subject to the permit conditions established herein.

Effective Date: 1/1/2024

Expiration Date: 12/20/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER

Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 53972  
Transponder Access Button: 384052  
State of Registration: DE  
Vehicle License Number: 3404978  
Maximum Capacity (Gallons): 695

subject to the permit conditions established herein.

Effective Date: 1/1/2024

Expiration Date: 12/20/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager



NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER  
Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 53970  
Transponder Access Button: 384048  
State of Registration: DE  
Vehicle License Number: 3710760  
Maximum Capacity (Gallons): 1,100

subject to the permit conditions established herein.

Effective Date: 1/1/2024  
Expiration Date: 12/20/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER

Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 53971  
Transponder Access Button: 384052  
State of Registration: DE  
Vehicle License Number: 3596424  
Maximum Capacity (Gallons): 1,100

subject to the permit conditions established herein.

Effective Date: 1/1/2024

Expiration Date: 12/20/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: UNITED RENTALS, INC.  
190 E. 9TH ST.  
RUNNEMEDE, NJ 08078-

Contact Name: JEFF WALKER

Contact Phone: (856)305-6625

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: WH166

Transponder Access Button:

State of Registration:

Vehicle License Number:

Maximum Capacity (Gallons):

subject to the permit conditions established herein.

Effective Date: 1/1/2024

Expiration Date: 12/31/2025

Date: December 20, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY

P.O. BOX 999 • CHESTER, PA 19016-0999

August 27, 2024

Sent via email w/read option – [jwalker5@ur.com](mailto:jwalker5@ur.com)

Jeffrey Walker  
United Rentals (North America), Inc.  
dba Reliable Onsite Services  
190 East 9<sup>th</sup> Street  
Runnemede, NJ 08078

RE: Septic Waste Hauler Permit #092124

Dear Mr. Walker:

DELCORA has completed its review of your Permit Application and Certificate of Insurance, and all documents are in order.

Attached is Permit #092124, which is valid for two (2) years. A copy of DELCORA's Resolution No. 2011-08 and Pricing Resolution No. 2023-08 are also enclosed.

Sincerely,

Christopher L. Lenton  
Facilities Superintendent

CLL:smf  
Enclosures

cc: M. DiSantis  
V. DiSantis  
M. Dorrin, Jr.  
M. Krause  
B. Newman  
D. Zetusk  
Permit File w/complete permit & original application



**DELAWARE COUNTY REGIONAL WATER  
QUALITY CONTROL AUTHORITY  
(DELCORA)**

**WASTE HAULER PERMIT**

**FOR SEPTAGE OF DOMESTIC ORIGIN, HOLDING TANKS,  
DOMESTIC OR INDUSTRIAL WASTEWATER, GREASE TRAPS**

**PERMIT #092124**

Waste Hauler's Name: **UNITED RENTALS (NORTH AMERICA) INC.**  
**DBA RELIABLE ONSITE SERVICES**  
Mailing Address: **190 EAST 9<sup>TH</sup> STREET, RUNNEMEDE, NJ 08078**  
Authorized Representative: **JEFFREY WALKER**  
Phone / FAX: **856-534-4447**  
Email: **JWALKER5@UR.COM**

is hereby authorized to discharge hauled septage to the Western Regional Treatment Plant (WRTP) located at 3201 West Front Street, Chester, Pennsylvania in accordance with the conditions set forth in this permit and Standard Conditions for Permits. Compliance with this permit does not relieve the permittee of its obligation to comply with any or all applicable pretreatment regulations, standards, or requirements under Federal, State, or local laws, including any such regulations, standards, requirements, or laws that may become effective during the term of this permit.

Noncompliance with any term or condition of this permit shall constitute a violation of the DELCORA Standards, Rules and Regulations of the Western Service Area, as amended, and Resolution No. 2011-08, as amended.

This permit shall become effective on **November 1, 2024**, and shall expire at midnight on **November 30, 2026 (2-year term to last day of permit month)**.

If the permittee wishes to continue to discharge after the expiration date of this permit, an application must be filed for a renewal permit in accordance with the requirements of **Section A, No. 10 – Duty to Reapply**, a minimum of 60 days prior to the expiration date.

By:   
Christopher L. Lenton  
Facilities Superintendent

Issued this **27<sup>th</sup>** day of **August 2024**

**DELCORA  
WASTEWATER TREATMENT  
SEPTAGE MANAGEMENT PLAN  
STANDARD CONDITIONS FOR PERMITS**

**SECTION A – GENERAL CONDITIONS**

1. Severability

The provisions of this permit are severable, and if any provisions of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

2. Duty to Comply

The permittee must comply with all conditions of this permit. Failure to comply with the requirements of this permit may be grounds for administrative action, or enforcement proceedings including civil or criminal penalties, injunctive relief, and summary abatements.

3. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or correct any adverse impact to the publicly owned treatment plant (POTW) or the environment resulting from noncompliance with this permit, including such accelerated or additional monitoring as necessary to determine the nature and impact of the noncomplying discharge.

4. Permit Conditions

To protect the DELCORA WRTP from possible hazardous or problem-causing discharges from waste haulers, the permittee must adhere to the following conditions:

- a. Right of Refusal to Accept Waste – DELCORA has the right to refuse any hauled waste load.
- b. Prohibited Discharges – Waste haulers shall be prohibited from discharging wastes which would violate any prohibited discharge standards of the General Pretreatment Regulations [40 CFR 403.5(b)] or any local prohibited discharges.
- c. Septage Permitting System – Licensed septage haulers shall obtain a valid permit from DELCORA and comply with all the conditions of this permit. The permit may be suspended or revoked according to the policies outlined in the Regulations. Haulers shall apply for this permit on forms provided by DELCORA and shall submit an application containing the following information:

- (1) Name, company name, address, telephone number.

- (2) Vehicle identification, make and capacity.
  - (3) Information on the quantity and type of hauled waste.
  - (4) Signed and notarized statement certifying that the information presented in the application is correct.
- d. Manifest – Haulers shall complete a “Waste Manifest” form upon arrival at the plant. This form is to reflect the complete capacity and actual volume of the truck regardless of whether the truck is full or partially full.
- e. Septage/Hauled Waste Disposal –
- (1) Septage/hauled waste shall only be discharged to DELCORA’s septage receiving facility. The hauler shall be responsible for cleaning the area surrounding the discharge disposal location after discharge.
  - (2) Septage/hauled waste shall be discharged only within the hours of 7:00 A.M. and 7:00 P.M., Monday through Saturday; except on certain Holidays as listed in Attachment A. Septage/hauled waste discharge shall be allowed only under the supervision of DELCORA. Gallonage and hours for delivery of waste may be reduced, extended, increased, or otherwise changed or altered by and at the discretion of DELCORA. DELCORA personnel may require that the load be dumped over a period of a half-hour or more, depending upon the flow and characteristics of the incoming sewage at DELCORA’s Western Regional Treatment Plant.
  - (3) Each hauler shall furnish the following items to DELCORA personnel upon arrival at the plant:
    - (a) Load manifest form (provided by DELCORA) which states the hauling company, hauler name, vehicle license number, quantity and source (owner and address) of the septage, actual volume and truck capacity, and a certification statement signed by the hauler and generator, attesting to the accuracy of the information provided on the load manifest form.
    - (b) One (1) grab sample of the load taken by the hauler under supervision by DELCORA personnel. DELCORA reserves the right to refuse to accept any load that is suspected of being or has been determined through sampling and analysis to be detrimental to the operations of the plant, the safety of its workers, or to the health or welfare of the public. DELCORA reserves the right to require composite samples.
    - (c) DELCORA may require the waste hauler to provide a waste analysis prior to discharge.
  - (4) The hauler shall maintain a copy of his/her permit.

- (5) The manifest form must be reviewed by DELCORA WRTP personnel prior to discharge. Failure to accurately record every load, falsification of data, or failure to transmit the form to the plant operator prior to discharge may result in revocation of this permit and criminal penalties may be deemed appropriate.
- (6) The capacity of each truck shall be posted on the truck, along with any identification sticker issued by the Pennsylvania Department of Environmental Protection (PADEP) or DELCORA.
- (7) All trucks delivering solid or liquid waste to DELCORA WRTP for processing are subject to all Rules and Regulations of the Pennsylvania Waste Transportation Safety Program (WTSP) (Chapter Section 62 of Act 90 of 2002), which requires all owners of waste transportation vehicles (trucks registered for more than 17,000 pounds and trailers registered for more than 10,000 pounds) that regularly transport municipal or residual waste to a processing disposal facility in the Commonwealth to obtain written authorization from the Department of Environmental Protection.

WTSP authorization is not applicable to vehicles currently registered by the PA-DEP to transport residential septage ("DEP Residential Septage Permit", per §285.225). DELCORA **will not accept** any waste delivered by any vehicle failing to properly display official PA-DEP issued WTSP stickers or does not have a registered Residential Septage Permit Number permanently displayed according to the permit regulations.

- (8) The following trucks may discharge septage and holding tank wastewaters to the DELCORA WRTP:

<u>Vehicle No.</u>	<u>License No. State</u>	<u>Truck Capacity</u>
--------------------	--------------------------	-----------------------

#### **SEE ATTACHED LISTS**

- f. Septage Records/Waste Tracking – The permitted waste hauler is responsible for maintaining a record of the waste tracking sources of waste identified on the manifest form for a period of three (3) years beyond the form date. The manifest form will include information such as:
  - Name and address of each customer
  - Types of wastes collected
  - Approximate volume(s) received
  - Known or suspected pollutants
  - Certification that the waste is not hazardous
  - Truck Capacity
- g. Compliance Record – No statement contained in this Section shall exempt the hauler from complying with all Federal, state or local requirements.



	B	C	D	E	F	G	H	I	J
	RM EQ #	Year/Make/Model	State (Tag)	Tag #	VIN #	Waste Capacity	Water Capacity	Cab Color	Tank Color
1									
2	11414468	2022 Peterbilt 337	IN	3313088	2NP2HMX2PM809440	1100	500	White	White
3	11786726	2024 Mack MD6	IN	3710760	1M2MDAAA2RS01090	1100	500	White	White
4	11690139	2023 Peterbilt 536	IN	3596424	2NPKHM6X0PM870074	1100	500	White	White
5	11699304	2024 Peterbilt 536	IN	3596754	2NPKHM6X3RM819378	1100	500	White	White
6	11793894	2023 Peterbilt 536	IN	3666418	2NPKHM6XXPM819326	1100	500	White	White

	B	C	D	E	F	G	H	I	J
	RM EQ #	Year/Make/Model	State (Tag)	Tag #	VIN #	Waste Capacity	Water Capacity	Cab Color	Tank Color
1									
2	11222470	2022 PETERBILT 337	IN	3145475	2NP2HM6X2NM781653	1100	500	White	White
3	11224997	2022 PETERBILT 337	IN	3145469	2NP2HM6X4NM776518	695	300	White	White
4	11281949	2022 PETERBILT 337	IN	3224347	2NP2HM6X0NM781666	1100	500	White	White
5	11414468	2022 PETERBILT 337	IN	3313088	2NP2HM6H2PM809440	1100	500	White	White
6	11332517	2022 MACK MD6	IN	3224606	1N2MDAAA0NS003314	1100	500	White	White
7	11414280	2022 MACK MD6	IN	3313076	1M2MDAAA8NS004646	1100	500	White	White
8	11414469	2022 PETERBILT 337	IN	3313089	2NP2HM6X4PM809441	1100	500	White	White
9	11361217	2022 PETERBILT 337	IN	3284102	2NPKHM6X2NM819298	1100	500	White	White
10	11130107	2020 Ford F550	NJ	XJX-P54	1FDUF5HTXLED37547	800	350	White	Silver
11	11107375	2020 Hino 268	NJ	XJJ-U42	5PVNJ8JV8L5S79734	1100	500	White	White
12	11578339	2023 Mack	IN	3481872	1M2MDAAA0PS004960	1100	500	White	White
13	11669634	2023 Mack MD6	IN	3482877	1M2MDAAA8PS004939	1100	500	White	White
14	11669638	2023 Mack MD6	IN	3482875	1M2MDAAA5NS003843	1100	500	White	White
15	11699304	2024 Peterbilt 536	IN	3596754	2NPKHM6X3RM819378	1100	500	White	White
16	11712506	2023 Peterbilt 536	IN	3596730	2NPKHM6X8RM857215	695	300	White	White
17	11786726	Mack MD6	IN	3710760	1M2MDAAA2RS010190	1100	500	White	White
18	11887371	Isuzu NRR	IN	3778280	JALE5W162R7304706	599		White	White

5. Permit Modification

This permit may be modified for good causes including, but not limited to, the following:

- a. To incorporate any new or revised Federal, State, or local treatment standards or requirements.
- b. Material or substantial alterations or additions to the discharger's discharge volume or character which were not considered in drafting the effective permit.
- c. A change in any condition in either the septage hauler or the DELCORA WRTP that requires either a temporary or permanent reduction or elimination of the authorized discharge.
- d. Information indicating that the permitted discharge poses a threat to DELCORA's treatment systems, personnel or the receiving waters.
- e. Violation of any terms or conditions of the permit.
- f. Misrepresentation or failure to disclose fully all relevant facts in the permit application or in any required reporting.
- g. To correct typographical or other errors in the permit.
- h. To reflect transfer of the facility ownership and/or operation to a new owner/operator.
- i. Upon request of the permittee, provided such request does not create a violation of any applicable requirements, standards, laws, or rules and regulations.

The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

6. Permit Termination

This permit may be terminated for the following reasons:

- a. Falsifying manifests
- b. Tampering with equipment
- c. Failure to meet effluent limitations
- d. Failure to pay fines
- e. Failure to pay disposal charges
- f. Failure to maintain insurance

7. Permit Appeals – The permittee may petition to appeal the terms of this permit within thirty (30) days of the notice.

This petition must be in writing; failure to submit a petition for review shall be deemed to be a waiver of the appeal. In its petition, the permittee must indicate the permit provisions objected to, the reasons for this objection, and the alternative condition, if any, it seeks to be placed in the permit.

The effectiveness of this permit shall not be stayed pending reconsideration by DELCORA. If, after considering the petition and any arguments put forth by the Superintendent, DELCORA determines that reconsideration is proper, it shall remand the permit and reissue. Those permit provisions being reconsidered by DELCORA shall be stayed pending reissuance.

8. Property Rights

The issuance of this permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private or any invasion of personal rights, nor any violation of Federal, State, or local laws or regulations.

9. Limitation on Permit Transfer

Permits may be reassigned or transferred to a new owner and/or operator with prior approval of DELCORA:

- a. The permittee must give at least thirty (30) days advance notice to DELCORA.
- b. The notice must include a written certification by the new owner which:
  - (i) States that the new owner has no immediate intent to change the facility's operations and processes.
  - (ii) Identifies the specific date on which the transfer is to occur.
  - (iii) Acknowledge full responsibility for complying with the existing permit.

10. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must submit an application for a new permit at least 60 days before the expiration date of this permit.

11. Continuation of Expired Permits

An expired permit will continue to be effective and enforceable until the permit is reissued if:

- a. The permittee has submitted a complete permit application at least thirty (30) days prior to the expiration date of the user's existing permit.

## 12. Definitions

- a. Composite Sample – A sample that is collected over time, formed either by continuous sampling or by missing discrete samples. The sample may be composited either as a time composite sample: composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow; or as a flow proportional composite sample: collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between the aliquots.
- b. Grab Sample – An individual sample collected in less than 15 minutes, without regard for flow or time.
- c. Instantaneous Maximum Concentration – The maximum concentration allowed in any single grab sample.
- d. Upset – Means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee, excluding such factors as operational error, improperly designed or inadequate treatment facilities, or improper operation and maintenance or lack thereof.

## 13. General Prohibitive Standards

The permittee shall comply with all the prohibitive discharge standards in Article 201 and Article 202 of DELCORA's Regulations.

Discharge of wastewaters into the Sewer System of the Western Regional Treatment Plant containing the following constituents is hereby prohibited:

- a. Discharges from any user containing more than 100 mg/L of petroleum oil, non-biodegradable cutting oils, or other products of mineral origin.
- b. Except as otherwise provided, no hauler shall discharge or cause to be discharged into the Sewer System, any Domestic Waste, Industrial Waste or other matter or substance:
  - (1) Having a temperature higher than 120°F or less than 32°F, or containing heat in amounts which will inhibit biological activity in the sewage treatment plant resulting in interference, but in no case heat in such quantities that the temperature of the influent of the treatment plant exceeds 104°F.
  - (2) Containing any liquids, solids or gases, with a closed cup flashpoint of less than 140°F, which by reason of their nature or quantity are, or may be, sufficient either alone or by interaction with other substances to cause fire or explosion or

be injurious in any other way to the treatment plant or to the operation of the treatment plant. At no time shall two successive readings on any explosion hazard meter, at the point of discharge into the system (or at any point in the system) be more than five percent (5%), nor any single reading over ten percent (10%) of the Lower Explosive Limit (LEL) as ready by the meter. Prohibited materials include, but are not limited to: gasoline, benzene, naphtha, fuel oil, paint products, kerosene, toluene, xylene, ethers, ketones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides, sulfides, or any other flammable or explosive substances which DELCORA, the Commonwealth of Pennsylvania, Department of Environmental Protection, or the US Environmental Protection Agency has notified the User is a fire hazard or a hazard to the DELCORA W RTP.

- (3) Containing any noxious or malodorous gas or substance, which either singly or by interaction with other wastes, is in the judgment of DELCORA capable of creating a public nuisance or hazard to life or preventing entry into sewers for their maintenance and repair.
- (4) Containing any solid or viscous substances in quantities or of size capable of causing obstruction to the flow in sewers, or other interference with the proper operation of the wastewater facilities. Such substances include, but are not limited to: ashes, cinders, sand, mud, straw, shavings, metal, glass, bones, rags, feathers, tar, plastic, wood, paunch manure, butchers offal, human whole blood or blood products, betonite, lye, building materials, rubber, hair, leather, porcelain, china, ceramic wastes, asphalt, paint, waxes, or any other solids or viscous substances capable of causing obstruction to the flow in the Sewer System or other interference with the proper operation of the Sewer System or the W RTP.
- (5) Containing garbage that has not been ground to such a degree that all particles will be carried freely in suspension under flow conditions normally prevailing in the public sewers, with no particles under any circumstances, greater than one-half (1/2) inch in any dimension. Garbage grinding for the purpose of discharge to the sewer system shall be applied only to food waste from processors preparing food for consumption on the premises.
- (6) Any substance which may cause the W RTP effluent or any other product of the treatment plant thereof such as residues, sludges, or scums to be unsuitable for reclamation and reuse or to interfere with the reclamation process. In no case, shall a substance discharged to the sewer system cause the W RTP to be in non-compliance with sludge use or disposal criteria, guidelines or regulations affecting sludge use or disposal developed pursuant to the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act or Commonwealth criteria applicable to the sludge management method being used.
- (7) Any substance which will cause the treatment plant to violate its NPDES Permit or the receiving water quality standards, causing pass through or interference.

- (8) Containing Total Solids of such character and quantity that unusual attention or expense is required to handle such materials at the WRTP, except as may be approved by DELCORA or as otherwise provided herein.
- (9) Containing any toxic radioactive isotopes in excess of that allowed by State or Federal Law and without special permit.
- (10) Prohibited by any permit issued by the Commonwealth of Pennsylvania, or by the U.S. Environmental Protection Agency or any other Federal Agency.
- (11) Containing wastes which are not amenable to biological treatment or reduction in existing treatment facilities, specifically non-biodegradable complex carbon compounds.
- (12) Any waters which are used for the purpose of diluting wastes which would otherwise exceed applicable maximum concentration limitations. DELCORA may impose mass limitations on Users which are using dilution to meet applicable Categorical Pretreatment Standards or Requirements or in other cases where the imposition of mass limitations are appropriate. DELCORA will also permit categorical industries under the Pretreatment Program.
- (13) Material considered a hazardous waste under the Resource Conservation or Recovery Act (RCRA).
- (14) Medical or infectious wastes, including blood and blood products.
- (15) Radioactive wastes, as defined by the Commonwealth of Pennsylvania.
- (16) Wastes in excess of the limits defined in Attachment B for septic wastes and/or Attachment C for industrial wastewaters.
- (17) Grease in excess of the allotted allocation.

## **SECTION B. – RECORDS**

### **1. Retention of Records**

- a. The permittee shall retain records of copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least three years from the date of the sample, measurement, report or application.
- b. All records that pertain to matters that are the subject of special orders or any other enforcement or litigation activities brought by DELCORA shall be retained and preserved by the permittee until all enforcement activities have concluded and all periods of limitation with respect to any and all appeals have expired.

2. Record Contents (Applicable when the permittee performs sampling)

- a. The date, exact place, time and methods of sampling or measurements, and sample preservation techniques or procedures;
- b. Who performed the sampling or measurements;
- c. The date(s) analyses were performed;
- d. Who performed the analyses;
- e. The analytical techniques or methods used; and
- f. The results of such analyses.

3. Falsifying Information

Knowingly making any false statement on any report or other document required by this permit or knowingly rendering any monitoring device or method inaccurate, is a crime and may result in the imposition of criminal sanctions and/or civil penalties.

**SECTION C. – ADDITIONAL REPORTING REQUIREMENTS**

1. Planned Changes

The permittee shall give notice to DELCORA WRTP 60 days prior to any change in the nature of the discharge.

2. Noncompliance Anticipated

The permittee shall give advance notice to DELCORA WRTP of any planned changes or activities which may result in noncompliance with permit requirements.

3. Duty to Provide Information

The permittee shall furnish to DELCORA WRTP any information which DELCORA may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit. The permittee shall also, upon request, furnish to DELCORA within 5 days copies of any records required to be kept by this permit.

4. Signatory Requirements (use whichever alternative best applies)

All applications, reports, or information submitted to DELCORA must contain the following certification statement and be signed as required in Sections (a), (b), (c) or (d) below:



"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of this person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

- a. By a responsible corporate officer, if the User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
  - (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or;
- b. By a general partner or proprietor if the User submitting the reports is a partnership or sole proprietorship respectively.
- c. By a duly authorized representative of the individual designated in paragraph (a) or (b) of this section if:
  - (i) the authorization is made in writing by the individual designated in paragraph (a) or (b);
  - (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the company from which the discharge originates, such as the position of the company manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
  - (iii) the written authorization is submitted to DELCORA.
- d. If an authorization under paragraph (c) of this section is no longer accurate because a different individual or position has responsibility for the overall environmental matters for the company, a new authorization satisfying the requirements of paragraph (c) of this section must be submitted to DELCORA prior to or together with any reports to be signed by an authorized representative.

5. Civil and Criminal Liability

Nothing in this permit shall be construed to relieve the permittee from civil and/or criminal penalties for noncompliance under Article 400 of the DELCORA Regulations or State or Federal laws or regulations.

6. Recovery of Costs Incurred

In addition to civil and criminal liability, the permittee violating any of the provisions of this permit or Article 201 and Article 202 of the Regulations or causing damage to or otherwise inhibiting the DELCORA WRTP wastewater disposal system shall be liable to DELCORA for any expense, loss, or damage caused by such violation or discharge. The DELCORA WRTP shall bill the permittee for the costs incurred by DELCORA for any cleaning, repair or replacement work caused by the violation or discharge. Refusal to pay the assessed costs shall constitute a separate violation of Article 502 of the Regulations.

**SECTION D – SPECIAL CONDITIONS**

1. The permittee must carry liability insurance, and provide satisfactory evidence of it to DELCORA, in such amounts and form as determined by DELCORA. Such insurance shall afford compensation for taking corrective action and for bodily injury, and for property damage to the third persons caused by accidental releases. The permittee shall execute the DELCORA insurance certificate or provide alternate proof of coverage. The permittee may still obtain additional insurance coverage as may be deemed necessary for his or her own protection.

## **ATTACHMENT A**

### **DELCORA HOLIDAY SCHEDULE\* DELIVERY HOURS**

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<p><b>HOLIDAY HOURS WASTE ACCEPTED 5:00 AM TO 7:00 PM</b></p>
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**Martin Luther King, Jr. Day  
President's Day  
Good Friday  
Columbus Day  
General Election Day  
Veteran's Day  
Day after Thanksgiving  
Day before Christmas**



<p><b>HOLIDAY SCHEDULE NO WASTE ACCEPTED ON THESE HOLIDAYS</b></p>
--

**New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day**

## ATTACHMENT B

### DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY (DELCORA)

100 East Fifth Street  
Post Office Box 999  
Chester, Pennsylvania 19016-0999

#### ACCEPTANCE CRITERIA FOR HAULED WASTE (SEPTAGE, HOLDING TANKS, GREASE TRAPS)

#### UP TO AND INCLUDING 15% SOLIDS

##### Total Metals

<u>Metals</u>	<u>Dry Weight</u> <u>Maximum (mg/kg)</u>
Arsenic	50.0
Cadmium	55.0
Chromium	2000.0
Copper	2850.0
Lead	550.0
Mercury	35.0
Molybdenum	75.0
Nickel	420.0
Selenium	65.0
Zinc	5000.0

##### Other Parameters/Total Analysis

pH	$5.0 \leq X \leq 11.0$ S.U.
PCBs	5.0
Sulfide (H <sub>2</sub> S)	200.0
Cyanide	25.0
Oil & Grease <sup>(1)</sup>	150,000.0
TPH	150,000.0
Phenolics	100.0
Reactive Cyanide	25.0
Reactive Sulfide	200.0
Flashpoint	>150°F
Ignitability	>60°C
Corrosivity	Not Corrosive
Total Solids	<15%
Total Volatile Solids	No Limit

<sup>(1)</sup> Not applicable to grease trap wastes.

## TCLP Parameters

<u>Metals</u>	<u>Maximum Allowable Level, mg/L</u>	
	Arsenic	0.5
Barium	10.0	
Cadmium	0.1	
Chromium	0.5	
Copper	1.9	
Lead		0.5
Mercury	0.02	
Selenium	0.1	
Silver		0.5
Nickel	2.2	
Zinc		3.0
<u>Other</u>		
Phenol	7.0	
Cyanide	2.0	
<u>Volatile Organics</u>		
Benzene	<0.5	
Carbon Tetrachloride	<0.5	
Chloroform	5.0	
1,2-Dichloroethane	<5.0	
1,1-Dichloroethylene	<0.7	
Methyl Ethyl Ketone	5.0	
Pyridine	<5.0	
Tetrachloroethylene	<0.7	
Trichloroethylene	<0.5	
Vinyl Chloride	<0.2	
Chlorobenzene	5.0	
<u>Semi-Volatile Organics</u>		
o-Cresol	5.0	
m-Cresol	5.0	
p-Cresol	5.0	
1,4-Dichlorobenzene	5.0	
2,4-Dinitrotoluene	<0.13	
Hexachlorobenzene	<0.13	
Hexachloro- 1,3-Butadiene	<0.5	
Hexachloroethane	<3.0	
Nitrobenzene	<2.0	
Pentachlorophenol	5.0	
2,4,5-Trichlorophenol	5.0	
2,4,6-Trichlorophenol	<2.0	
<u>Herbicides/Pesticides</u>		
Chlordane	<0.03	
Endrin	<0.02	
Heptachlor	<0.008	
Lindane	<0.4	
Methoxychlor	5.0	
Toxaphene	<0.5	
2,4-D	5.0	
2,4,5-TP (Silvex)	<1.0	

**ATTACHMENT C**

**DELAWARE COUNTY REGIONAL WATER QUALITY  
CONTROL AUTHORITY (DELCORA)**

100 East Fifth Street  
Post Office Box 999  
Chester, Pennsylvania 19016-0999

**ACCEPTANCE CRITERIA FOR INDUSTRIAL WASTEWATERS**

In accordance with Section 106 of Resolution No. 2013-12 (Local Limits) - attached.

NOTE: The fats, oil, and grease (F.O.G.) content of wastewaters from food manufacturing facilities cannot exceed 20,000 mg/L of F.O.G. from vegetable and animal sources. All other industrial wastewaters containing F.O.G. from mineral sources must be < 100 mg/L per Resolution No. 2011-04 (DELCORA Standards, Rules & Regulations of 2011), Section 218 – Oils, Greases.

**BOND TO ACCOMPANY AND FOR STATE OF DELAWARE**  
**NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE-WH-436**

Delaware Non-Haz Liquid Transporters Permit Number:	DE-WH-436
Bond Number:	2367280
Effective Date:	September 23, 2025
Expiration Date:	September 23, 2026
Principal Name, Address, and Phone Number:	UNITED RENTALS (NORTH AMERICA), INC. 100 First Stamford Place, Suite 700, Stamford, Connecticut 06902
Obligee Name and Address:	Delaware Department of Natural Resources and Environmental Control Division of Water Resource Protection Section 89 Kings Highway, Dover DE 19901 (302) 739-9116
Surety Name, Address, Phone Number:	SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION 1200 Main Street Suite 800, Kansas City MO 64105 (816) 235-3700
Agent Name, Agent Number, Address, Phone Number:	Aon Risk Services Northeast, Inc. One Liberty Plaza, 165 Broadway New York, NY 10006 212-441-1000

Bond Number: 2367280  
Effective Date: September 23, 2025  
Expiration Date: September 23, 2026

**BOND TO ACCOMPANY AND FOR STATE OF DELAWARE**  
**NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE-WH-436**

KNOW ALL MEN BY THESE PRESENTS that:

UNITED RENTALS (NORTH AMERICA), INC. of  
Stamford in the County of Stamford and State of  
CT as principal, and SWISS RE CORPORATE SOLUTIONS  
AMERICA INSURANCE CORPORATION  
of Kansas City in the County of Jackson and State of  
MO as surety, legally authorized to do business in the State of Delaware, are  
held firmly bound unto the State of Delaware in the sum of Five Thousand Dollars (\$5,000), to be paid to the  
said State of Delaware for the use and benefit of the Department of Natural Resources and Environmental  
Control of said State, for which payment well and truly to be made, we do bind ourselves, our and each and  
every of our heirs, executors, administrators, successors, and assigns, jointly and severally for and in the whole  
firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that if the said above bounden principal,  
UNITED RENTALS (NORTH AMERICA), INC., who has been issued by the  
Department of Natural Resources and Environmental Control of the State of Delaware a certain permit  
designated as Permit No. DE-WH-436, and dated \_\_\_\_\_ 20\_\_\_\_, for the  
transportation of non-hazardous liquid waste, and is required to file with the Department of Natural Resources  
and Environmental Control a bond or other security, shall fulfill all the requirements of 7 Del. C. Chapter 60,  
the State of Delaware Regulations Governing the Design, Installation, and Operation of On-Site Wastewater  
Treatment and Disposal Systems (Section 5.3.32.4) and Permit No. DE-WH-436, then this obligation shall  
be void or else to remain in full force and virtue.



Signed and sealed this 24th day of September, 2025.

SIGNED, SEALED AND DELIVERED IN  
the presence of:

Witness:

Anne Potter

Anne Potter, Attorney-In-Fact

CORPORATE SEAL

UNITED RENTALS (NORTH AMERICA), INC.

NAME OF PERMITTEE

BY:

V. Gonzalez

Vilma Gonzalez, Attorney-In-Fact

TITLE

CORPORATE SEAL

SWISS RE CORPORATE SOLUTIONS  
AMERICA INSURANCE CORPORATION

Attest:

NAME OF SURETY

Sandra Diaz

Sandra Diaz, Attorney-In-Fact

BY:

Francesca Kazmierczak

Francesca Kazmierczak, Attorney-In-Fact  
Non-Resident License No. 3001947967

**NOTE:** If Attorney-In-Fact does not hold a current Delaware Agent's License (Resident or Non-Resident), this bond must be countersigned below:

NAME OF DELAWARE LICENSE AGENT  
(Resident or Non-Resident)

LICENSE NUMBER

BY:

ADDRESS:

### Limited Power of Attorney

United Rentals, Inc., a Delaware corporation ("United Rentals") with its principal place of business at 100 First Stamford Place, Suite 700, Stamford, CT 06902 (Federal Employer Identification Number (06-1522496), hereby constitutes and appoints each of the following employees of certain subsidiaries of Aon Risk Services Companies, Inc. ("Aon Surety") with its principal place of business at One Liberty Plaza, 165 Broadway, Suite 3201, New York, New York 10006, acting jointly or severally, as the true and lawful attorney-in-fact to execute all surety bonds and other documents of similar character issued on behalf of United Rentals or any of its designated subsidiaries, subject to the terms and conditions set forth herein.

**Aon Employee**  
**Philadelphia**  
Sara Owens

**Aon Subsidiary**  
Aon Risk Services Central, Inc.

**New York**  
Francesca Kazmierczak  
Anne Potter  
Vilma Gonzalez  
Sandra Diaz  
Frances Rodriguez

Aon Risk Services Northeast, Inc.  
Aon Risk Services Northeast, Inc.  
Aon Risk Services Northeast, Inc.  
Aon Risk Services Northeast, Inc.  
Aon Risk Services Northeast, Inc.

**Chicago**  
Jennifer Jakaitis

Aon Risk Services Central, Inc.

**Los Angeles**  
Tracy Aston

Aon Risk Insurance Services West, Inc.

**Houston**  
Terri Morrison  
Misty Wright

Aon Risk Services Southwest, Inc.  
Aon Risk Services Southwest, Inc.

This Power of Attorney shall become effective upon signing and shall remain in effect until terminated by United Rentals at any time upon written notice (which may be by email) to Aon, such termination to be effective immediately or as of such later date as may be specified in the termination notice. United Rentals expressly reserves the right to terminate and revoke this Power of Attorney at any time.

This Power of Attorney shall include all direct and indirect subsidiaries of United Rentals that are set forth in a written list supplied by United Rentals to Aon for such purpose and with specific reference to this Power of Attorney, as may be updated by United Rentals by written notice to Aon from time to time.

The authority granted by this Power of Attorney is limited to surety bonds and other documents of similar character with a face value of \$1,000,000 or less that are expressly requested by an authorized United Rentals representative pursuant to a valid written request initiated in accordance with United Rentals surety program as administered by Aon in a manner consistent with past practice.

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of Connecticut, without regard to the conflicts of law provisions of the State of Connecticut or of any other state. This Power of Attorney may not be assigned by Aon or its subsidiaries or employees named herein, by operation of law or otherwise, in whole or in part, without United Rentals' prior written consent. All notices required or permitted hereunder shall be in writing and delivered to each party at its respective address set forth above. This Power of Attorney may not be amended except by a writing signed by United Rentals.

IN WITNESS WHEREOF, United Rentals has caused this Power of Attorney to be duly executed by its duly authorized officer as of the date set forth below.

Dated: 7/11/24

United Rentals, Inc.

By: [Signature]  
Name:  
Title: **Joli L. Gross**  
**Senior Vice President &**  
**Corporate Secretary**

STATE OF CONNECTICUT

COUNTY OF FAIRFIELD

On this 11<sup>th</sup> day of July, 2024 before me personally appeared Joli Gross, known to me to be the SVP + Corp Secretary of United Rentals, Inc., and known to me to be the person who executed the foregoing instrument and that said instrument was executed for and on behalf of said corporation for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 11<sup>th</sup> day of July, 2024.

[Signature]  
Notary Public

My commission expires: N/A

Allen J. Roberts, III  
Commissioner of the  
Superior Court



## SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")  
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")  
WESTPORT INSURANCE CORPORATION ("WIC")

### GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

SANDRA DIAZ, DEBRA A. DEMING, PETER HEALY, JENNIFER JAKAITIS, SUSAN A. WELSH, ANNE POTTER, FRANCESCA KAZMIERCZAK,  
FRANCES RODRIGUEZ, BEVERLY A. WOOLFORD, VALORIE SPATES, AKLIMA NOORHASSAN, PABLO GARCIA HORCAJO and VILMA GONZALEZ

### JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION (\$125,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By Erik Janssens  
Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President  
of SRCSPIC & Senior Vice President of WIC

By Gerald Jagrowski  
Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC  
& Vice President of WIC



IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 29TH day of MARCH, 20 24

State of Illinois  
County of Cook



Swiss Re Corporate Solutions America Insurance Corporation  
Swiss Re Corporate Solutions Premier Insurance Corporation  
Westport Insurance Corporation

On this 29TH day of MARCH, 20 24, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SRCSPIC and Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 24th day of September, 2025.

Jeffrey Goldberg  
Jeffrey Goldberg, Senior Vice President &  
Assistant Secretary of SRCSAIC and  
SRCSPIC and WIC