THE MAN WITH THE PLAN®

OF INSURANCE COMPANIES
BOSTON, MASSACHUSETTS 02107

THE EMPLOYERS' FIRE INSURANCE COMPANY ☐
THE NORTHERN ASSURANCE COMPANY OF AMERICA ☐

CERTIFICATE OF INSURANCE

Date 1/20/69

This is to certify that the Company, indicated above by an "X", has issued a policy or policies, covering in accordance with the terms thereof, to the insured named below. It is the intention of the Company that in the event of cancellation of the policy or policies by the Company during the periods of coverage as stated herein, 10 days written notice of such cancellation will be mailed to the party to whom this Certificate is issued, at the address stated below.

Name And Address Of Party To Whom This Certificate Is Issued	Name And Address Of Insured
NEW CASTLE COUNTY DEPARTMENT OF PUBLIC WORKS NEW CASTLE COUNTY ENGINEERING BLDG. KIRKWOOD HIGHWAY P. O. BOX 165 WILMINGTON, DELAWARE ATTN: MR. ULDIS KARINS	LAND REDEVELOPMENT COMPANY 1609 BEDFORD RD. DEERHURST WILMINGTON, DELAWARE 19803

Description of Motor Vehicle or Operations of Insured: LANDFILL - SOLID WASTE DISPOSAL SITE

Place of Garaging or Location of Operations or Premises: TYBOUTS CORNER, NEW CASTLE COUNTY, DELAWARE

TYPE OF POLICY	X*	POLICY NUMBER †	POLICY PERIOD EFFECTIVE	POLICY PERIOD EXPIRATION	LIMITS OF LIABILITY	
STANDARD WORKMEN'S COMPENSATION & EMPLOYERS' LIABILITY	X	A14121207	1/2/69	70	STATUTORY	
	X				$ 100,000	Coverage B
GENERAL LIABILITY						
BODILY INJURY						
Premises Operations	X	A14323703	1/2/69	70	$ 500,000	Each Person
Elevators					—	
Independent Contractors	X				$1,000,000	Each Occurrence
Products	X				$1,000,000	Aggregate Products
Completed Operations	X					Aggregate Comp. Operations
Contractual	X					
PROPERTY DAMAGE						
Premises Operations	X				$ 500,000	Each Occurrence
Elevators					$1,000,000	Aggregate - Oper.
Independent Contractors	X				$1,000,000	Aggregate - Protective
Products	X				$1,000,000	Aggregate - Products
Completed Operations	X					Aggregate - Comp. Operations
Contractual	X				$1,000,000	Aggregate Contractual
AUTOMOBILE LIABILITY						
BODILY INJURY						
Owned Automobiles					$	Each Person
Hired Automobiles						
Non owned Automobiles					$	Each Occurrence**
PROPERTY DAMAGE						
Owned Automobiles					$	Each Occurrence**
Hired Automobiles						
Non owned Automobiles						

This Certificate of Insurance is not valid unless it is countersigned by a duly authorized representative of the Company:

F. H. SIMONTON INC.

M. M. [illegible] 027765
(Authorized Representative) Sec'y

*Absence of an "X" in these spaces means that insurance is not afforded with respect to the coverages or hazards opposite thereto

**The word "accident" is substituted for the word "occurrence" when policy form G4303 is indicated in the "POLICY NUMBER" column

†If more than one kind of insurance is written on one policy, the policy number need not be repeated.

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