CERTIFICATE OF INSURANCE

RELIANCE INSURANCE COMPANY

401 WALNUT STREET

PHILADELPHIA 6, PENNSYLVANIA

ORIGINAL (Red)

This is to certify to: [illegible]

Address [illegible], Delaware

that the following described policies have been issued:

Name of Insured [illegible]

Address [illegible] Plaza Street, [illegible], Delaware

Policy Number	Kind of Insurance	Limits	Effective Date	Expiration Date
[illegible]	Workmen's Compensation		[illegible]	[illegible]
[illegible]	Public Liability		[illegible]	[illegible]
	Bodily Injury	Each Person $ [illegible] Each Accident $ [illegible]		
	Property Damage	Each Accident $ [illegible] Aggregate ..... $ [illegible]		
[illegible]	Automobile Liability		[illegible]	[illegible]
	Bodily Injury	Each Person $ [illegible] Each Accident $ [illegible]		
	Property Damage —	Each Accident $ [illegible]		
	Burglary	Form ..... Amount ..... $		
	Plate Glass			

Description of Operations Covered: [illegible]

This Certificate of Insurance is issued subject to the exclusions, conditions and other terms of the insurance afforded under the policy or policies hereinbefore mentioned

[illegible]

AR200001

CERTIFICATE

RELIANCE INSURANCE COMPANY

ORIGINAL (Red)

401 WALNUT STREET

PHILADELPHIA 6, PENNSYLVANIA

This is to certify to: Levy Court of New Castle County (Att: Mr. Caballan)

Address P. O. Box 165
Wilmington, Delaware

that the following described policies have been issued:

Name of Insured Landfill, Inc.

Address 924 S. Heald Street
Wilmington, Delaware

Policy Number	Kind of Insurance	Limits	Effective Date	Expiration Date
WC9424[illegible]	Workmen's Compensation	Statutory	10/3/63	10/3/64
X938[illegible]	Public Liability Bodily Injury	Each Person $ 200,000. Each Accident $ 200,000.	10/3/63	10/3/64
	Property Damage	Each Accident $ 200,000. Aggregate .....$ 200,000.		
X93[illegible]	Automobile Liability Bodily Injury	Each Person $ 200,000. Each Accident $ 200,000.	10/3/63	10/3/64
	Property Damage—	Each Accident $ 50,000.		
	Burglary	Form ..... Amount .....$		
	Plate Glass			

Description of Operations Covered: Contract #1, renting of land and operating a Sanitary Landfill,

This Certificate of Insurance is issued subject to the exclusions, conditions and other terms of the insurance afforded under the policy or policies hereinbefore mentioned.

Issued at Wilmington, Delaware
Date 10/3/63

By JAMES F. [illegible], JR.
Authorized Signature

FORM CAS-142

This is to Certify, that [illegible] the name of

LANDFILL, INC.,
(Name of Insured)

601 Foxwood Road, Wilmington 4, Delaware.
(Street and Number) (City or Town) (State)

ORIGINAL (Red)

are in force at the date hereof as follows

KIND OF POLICY	POLICY NO.	POLICY PERIOD	LIMITS OF LIABILITY: Bodily Injury	LIMITS OF LIABILITY: Property Damage
A—Workmen's Compensation	WC53029945	Eff. 9/30/62 Exp. 9/30/63	Provided by Workmen's Compensation Law State of Delaware.	Nil
B—Manufacturers' or Contractors' Liability		Eff. Exp.	Each person $ Each accident $	Each accident $ Aggregate $
C—Owners', Landlords' and Tenants' Liability		Eff. Exp.	Each person $ Each accident $	Each accident $
D—Owners' or Contractors' Protective Liability		Eff. Exp.	Each person $ Each accident $	Each accident $ Aggregate $
E—Scheduled General Liability		Eff. Exp.	Each person $ Each accident $	Each accident $ Aggregate $
F—Automobile Liability (1) Owned Vehicles (2) Hired Vehicles (3) Non-Owned Vehicles		Eff. Exp.	Each person $ Each accident $	Each accident $
G—Comprehensive Liability (1) Automobile		Eff. Exp.	Each person $ Each accident $	Each accident $
(2) General		Eff. Exp.	Each person $ Each accident $ Aggregate $	Each accident $ Aggregate $
(3) General-Automobile		Eff. Exp.	Each person $ Each accident $ Aggregate $	Each accident $ Aggregate $

and covers all accidents with the exclusions

Certificate issued to Levy Court of New Castle County, (Attn: Mr.Cahallen)
at Kirkwood Hwy, Wilmington, Del. P.O. Box 165

In the event of any material change in or cancellation of the policies designated herein, we will give 10 days notice to the party to whom this certificate is issued and change or cancellation

Pacific National Insurance Company
2 Penn Center Plaza,
Philadelphia, Pa.

Date 7/25/62-se

GU6469a

AR200003

This is to Certify, that policies in the name of

LANDFILL, INC.,
(Name of Insured)

ORIGINAL

601 Boxwood Rd., Wilmington 4, Del.
(Street and Number) (City or Town) (State)

are in force at the date hereof, as follows:

KIND OF POLICY	POLICY NO.	POLICY PERIOD	LIMITS OF LIABILITY: Bodily Injury	LIMITS OF LIABILITY: Property Damage
A—Workmen's Compensation		Eff Exp	Provided by Workmen's Compensation Law State of	Nil
B—Manufacturers' or Contractors' Liability (INCLUDING CONTRACTUAL)	MCL 52781873	Eff. 9/30/62 Exp 9/30/63	Each person $200,000. Each accident $200,000.	Each accident $ 200,00 Aggregate $ 200,00
C—Owners', Landlords' and Tenants' Liability		Eff Exp	Each person $ Each accident $	Each accident $
D—Owners' or Contractors' Protective Liability		Eff Exp	Each person $ Each accident $	Each accident $ Aggregate $
E—Scheduled General Liability		Eff Exp	Each person $ Each accident $	Each accident $ Aggregate $
F—Automobile Liability (1) Owned Vehicles				
(2) Hired Vehicles		Eff Exp	Each person $ Each accident $	Each accident $
(3) Non-Ownership Vehicles				
G—Comprehensive Liability (1) Automobile		Eff Exp	Each person $ Each accident $	Each accident $
(2) General		Eff Exp	Each person $ Each accident $ Aggregate $	Each accident $ Aggregate $
(3) General Automobile		Eff Exp	Each person $ Each accident $ Aggregate $	Each accident $ Aggregate $

and cover in accordance with the policy terms.

Certificate issued to Levy Court of New Castle County(ATTN: Mr.Caballan)
at Kirkwood Hwy, Wilmington, Del. P.O.Box 165 .

In the event of any material change in the above policies, we will notify the parts to whom this c
issuance of such change or cancellation.

Pacific National Insurance Company
2 Penn Center Plaza,
Philadelphia 2, Pa.
Date 7/25/62-se

AR200904

GUC405a

CERTIFICATE OF INSURANCE

ORIGINAL

Renewal Certificate July 10, (Red)

This is to certify that this Company has issued policies indicated below to—

Name of Insured Landfill, Inc.

Address 601 Boxwood Road, Wilmington 4, Delaware

Operations of Insured Excavation

Location of Work Cont. #1, renting of land and operating a Sanitary Landfi

Policy Numbers	Kind of Insurance	Limits	Effective	Expir
XXXXXXXX	Automobile Liability			
	Bodily Injury —Each Person	$		
	Each Accident	$		
	Property Damage—Each Accident	$		
WC8106044 XXXXXXXX	Workmen's Compensation			
	State of Delaware (Statutory)		9/30/61	9/30/6
CC8086245	Liability Other Than Automobile			
	Bodily Injury —Each Person	$ 200,000.		
	Each Accident	$ 200,000.		
	Aggregate Products	$		
	Property Damage—Each Accident	$ 200,000.		
	Aggregate Operations	$ 200,000.		
	Aggregate Protective	$		
	Aggregate Products	$		
	Aggregate Contractual	$		
	Contractor's Protective Liability			
	Bodily Injury —Each Person	$		
	Each Accident	$		
	Property Damage—Each Accident	$		
	Aggregate	$		

This Certificate is issued at the request of:

Name Levy Court of New Castle County, (Attention: Mr. Cahallan)

Address Kirkwood Highway, Wilmington, Delaware, P. O. Box 165

It is the intention of the Company that if the above policy be cancelled by the Company during its term, 10 written notice prior to such cancellation will be given to Levy Court of New Castle County, of Kirkwood Highway, Wilmington, Delaware, P. O. Box 165

This Certificate of Insurance is not valid unless it is countersigned by a duly authorized representative of this Comp

JAMES F. McCLOSKEY, INC.

Countersigned

AR200005

INC.

MANUFACTURERS CASUALTY INSURANCE COMPANY

Mall Building, Chestnut at 4th, Philadelphia 6, Pa.

CERTIFICATE OF INSURANCE

ORIGINAL (Red)

RENEWAL CERTIFICATE

January 6, [illegible]

This is to certify that this Company has issued policies indicated below to —

Name of Insured Harvey & Knotts

Address 411 Boxwood Road, Woodcrest, Wilmington 4, Delaware

Operations of Insured Street Cleaning, Ash & Garbage Collection, etc

Location of Work Delaware

Policy Numbers	Kind of Insurance	Limits	Effective	Expir
C[illegible]S1[illegible]C[illegible]C1	Automobile Liability		1/31/[illegible]	1/31/[illegible]
	Bodily Injury —Each Person	$ 200,000.		
	Each Accident	$ [illegible]		
	Property Damage—Each Accident	$ [illegible]		
[illegible]-10[illegible]136	Workmen's Compensation		8/2/[illegible]1	8/2/62
	State of Statutory			
[illegible]S1[illegible]C[illegible]C1	Liability Other Than Automobile		1/31/62	1/31/[illegible]
	Bodily Injury —Each Person	$ 200,000.		
	Each Accident	$ 200,000.		
	Aggregate Products	$		
	Property Damage—Each Accident	$ [illegible]		
	Aggregate Operations	$ [illegible]		
	Aggregate Protective	$		
	Aggregate Products	$		
	Aggregate Contractual	$		
	Contractor's Protective Liability			
	Bodily Injury —Each Person	$		
	Each Accident	$		
	Property Damage—Each Accident	$		
	Aggregate	$		

This Certificate is issued at the request of:

Name Levy Court of New Castle County Att: Mr. John Calcia

Address P. O. Box 1[illegible], Wilmington, Delaware

It is the intention of the Company that if the above policy be cancelled by the Company during its term, 10 written notice prior to such cancellation will be given to Levy Court of New Castle County, of P. O. Box 1[illegible], Wilmington, Delaware

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

JOHN J. ARCLOSKI, JR.

AR200006

Countersigned

Insurance Building, Philadelphia 6, Pa.

CERTIFICATE OF INSURANCE

January 31, 1

This is to certify that this Company has issued policies indicated below to —

ORIGINAL (Red)

Name of Insured Harvey & Knotts

Address 601 Boxwood Road, Wilmington, Delaware

Operations of Insured

Location of Work Delaware

Policy Numbers	Kind of Insurance	Limits	Effective	Expir
CG701540	Automobile Liability		1/31/61/	1/31/6
	Bodily Injury —Each Person	$ 100,000.		
	Each Accident	$ 300,000.		
	Property Damage—Each Accident	$ 50,000.		
	Workmen's Compensation			
	State of			
	Liability Other Than Automobile			
	Bodily Injury —Each Person	$		
	Each Accident	$		
	Aggregate Products	$		
	Property Damage—Each Accident	$		
	Aggregate Operations	$		
	Aggregate Protective	$		
	Aggregate Products	$		
	Aggregate Contractual	$		
	Contractor's Protective Liability			
	Bodily Injury —Each Person	$		
	Each Accident	$		
	Property Damage—Each Accident	$		
	Aggregate	$		

This Certificate is issued at the request of:

Name Levy Court of New Castle County Att: Mr. John Cahalan

Address P. O. Box 165, Wilmington, Delaware

It is the intention of the Company that if the above policy be cancelled by the Company during its term, 10 d written notice prior to such cancellation will be given to Levy Court of New Castle County, of P. O. Box 165, Wilmington, Delaware

This Certificate of Insurance is not valid unless it is countersigned by a duly authorized representative of this Compa

JAMES P. McCLOSKEY, INC.

AR200007

Countersigned