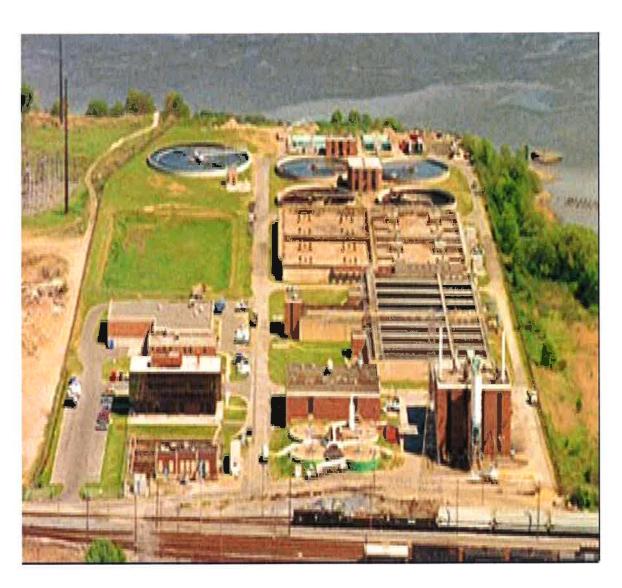
INSURANCE REQUIREMENTS

<u>NOTE:</u> Use the attached DELCORA insurance form <u>or</u> submit an Acord form to demonstrate that you have insurance.



DELCORA CERTIFICATE OF INSURANCE

SLUDGE (FORM U OR FORM 43) HAULER AND SEPTIC WASTE HAULER

KNOV	V ALL MEN BY THESE PRESENTS, THAT	
		(NAME OF INSURANCE COMPANY)
HERE	EBY CERTIFIES THAT(SLUDGE [E/	ORM U OR FORM 43] HAULER AND/OR SEPTIC WASTE HAULER)
10 1110	` -	•
WAST	E DISPOSED PURSUANT TO A PERMIT ENTERED	PORTATION OF SLUDGE (FORM U OR FORM 43) AND/OR SEPTIC NTO BETWEEN
INSUR	DELCORA FOR WHICH, EXCEPT FOR WORKERS	SLUDGE [FORM U OR FORM 43] HAULER AND/OR SEPTIC WASTE HAULER) I' COMPENSATION, DELCORA IS NAMED AS AN ADDITIONAL ERTIFICATE HOLDER FOR WORKERS' COMPENSATION
WRITTOPERA	TEN ON AN OCCURRENCE FORM BASIS AND TH ATIONS DURING THE PERFORMANCE OF THIS	ER CARRIES THE FOLLOWING FORMS OF INSURANCE ALL IAT THE COVERAGE PROVIDED WILL INSURE THE HAULER'S PERMIT AT THE SLUDGE OR SEPTIC WASTE DISPOSER'S C WASTE DISPOSER'S PREMISES TO DELCORA'S SITE, AND
	TYPE OF COVERAGE	MINIMUM LIMITS
1,	WORKERS' COMPENSATION (INCLUDING C UNDER UNITED STATES LONGSHOREMEN'S & F WORKER'S ACT, WHERE APPLICABLE)	
	EMPLOYER'S LIABILITY	\$100,000
	FULL NAME OF INSUR. CARRIER: COMPLETE POLICY NUMBER: EXPIRATION DATE:	
2.	COMPREHENSIVE AUTOMOBILE LIABILITY INCLUDING CA 9948 AND MCS 90 INCLUDING CONTINGENT TRANSPORTATION COVERAGE	
	BODILY INJURY & PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
	FULL NAME OF INSUR. CARRIER: COMPLETE POLICY NUMBER: EXPIRATION DATE:	

DELCORA CERTIFICATE OF INSURANCE SLUDGE (FORM U OR FORM 43) HAULER AND SEPTIC WASTE HAULER

3.	COMPREHENSIVE GENERAL (PU	LIC) LIABILITY	
	BODILY INJURY & PROPERTY DAMAGE	\$1,000,000 PER OCCU \$2,000,000 AGGREGAT	
	FULL NAME OF INSUR. CARRIER: COMPLETE POLICY NUMBER: EXPIRATION DATE:		
ΓHE AΒ	OVE INFORMATION IS HEREBY CERTIFIED AS T	UE AND CORRECT BY (NAME OF AGENT, PLEASE TYPE)	
۹ LEG/	AL AGENT FOR	, WHO ALSO AG	REES THAT
		SURANCE COMPANY, <u>PLEASE TYPE</u>)	
NSUR COVER THE IN	ANCE COVERAGE PROVIDED FOR BY RAGE, TAIL PERIOD, CLAIMS PROCEDL ISURER ELECT TO CANCEL SUCH COV NG AT LEAST THIRTY (30) DAYS PRI	TE HAULER DISCONTINUE OR MAKE A MATERIAL CHATHIS CERTIFICATE CONCERNING POLICY AMOUNTS RES AND DEFINITIONS OF OCCURRENCES OR CLAIMS, RAGE FOR ANY REASON, THE INSURER MUST NOTIFY R TO ANY CHANGES, CANCELLATION OR TERMINAT	, SCOPE OF OR SHOULD DELCORA IN
		(SIGNATURE OF AGENT)	
[SEAL	.]	(NAME OF AGENT, <u>PLEASE TYPE</u>)
		(AGENT OR BROKERS LICENSE #)	
		(ADDRESS OF AGENT)	
		(TELEPHONE NUMBER)	

Note: Acord forms are acceptable but must adhere to the above limits.

REV. 4/29/13 C.LENTON

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