

INSURANCE REQUIREMENTS

NOTE: Use the attached DELCORA insurance form or 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

KNOW ALL MEN BY THESE PRESENTS, THAT _____
(NAME OF INSURANCE COMPANY)

HEREBY CERTIFIES THAT _____
(SLUDGE [FORM U OR FORM 43] HAULER AND/OR SEPTIC WASTE HAULER)

IS INSURED THROUGH, AND BY US, FOR THE TRANSPORTATION OF SLUDGE (FORM U OR FORM 43) AND/OR SEPTIC WASTE DISPOSED PURSUANT TO A PERMIT ENTERED INTO BETWEEN _____

_____ (SLUDGE [FORM U OR FORM 43] HAULER AND/OR SEPTIC WASTE HAULER)
 AND DELCORA FOR WHICH, EXCEPT FOR WORKERS' COMPENSATION, DELCORA IS NAMED AS AN ADDITIONAL INSURED. DELCORA SHALL BE NAMED AS A CERTIFICATE HOLDER FOR WORKERS' COMPENSATION COVERAGE.

THE INSURER FURTHER CERTIFIES THAT THE HAULER CARRIES THE FOLLOWING FORMS OF INSURANCE ALL WRITTEN ON AN OCCURRENCE FORM BASIS AND THAT THE COVERAGE PROVIDED WILL INSURE THE HAULER'S OPERATIONS DURING THE PERFORMANCE OF THIS PERMIT AT THE SLUDGE OR SEPTIC WASTE DISPOSER'S PREMISES, IN TRANSIT FROM SLUDGE AND/OR SEPTIC WASTE DISPOSER'S PREMISES TO DELCORA'S SITE, AND AT THE DELCORA DISPOSAL SITE.

TYPE OF COVERAGE

MINIMUM LIMITS

1. **WORKERS' COMPENSATION** (INCLUDING COVERAGE UNDER UNITED STATES LONGSHOREMEN'S & HARBOR WORKER'S ACT, WHERE APPLICABLE)

PENNSYLVANIA STATUTORY

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 (PUBLIC) LIABILITY

BODILY INJURY & PROPERTY DAMAGE

**\$1,000,000 PER OCCURRENCE/
\$2,000,000 AGGREGATE**

FULL NAME OF INSUR. CARRIER: _____

COMPLETE POLICY NUMBER: _____

EXPIRATION DATE: _____

THE ABOVE INFORMATION IS HEREBY CERTIFIED AS TRUE AND CORRECT BY _____

(NAME OF AGENT, PLEASE TYPE)

A LEGAL AGENT FOR _____

(NAME OF INSURANCE COMPANY, PLEASE TYPE)

, WHO ALSO AGREES THAT

SHOULD THE SLUDGE AND/OR SEPTIC WASTE HAULER DISCONTINUE OR MAKE A MATERIAL CHANGE IN THE INSURANCE COVERAGE PROVIDED FOR BY THIS CERTIFICATE CONCERNING POLICY AMOUNTS, SCOPE OF COVERAGE, TAIL PERIOD, CLAIMS PROCEDURES AND DEFINITIONS OF OCCURRENCES OR CLAIMS, OR SHOULD THE INSURER ELECT TO CANCEL SUCH COVERAGE FOR ANY REASON, THE INSURER MUST NOTIFY DELCORA IN WRITING AT LEAST THIRTY (30) DAYS PRIOR TO ANY CHANGES, CANCELLATION OR TERMINATION OF THIS COVERAGE.

[SEAL]

(SIGNATURE OF AGENT)

(NAME OF AGENT, PLEASE TYPE)

(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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