



**Resource Recovery Program**  
 PO Box 24055, MS 702  
 Oakland, CA 94623-1055  
 (510) 287-1632  
[RRInsure@EBMUD.com](mailto:RRInsure@EBMUD.com)  
[www.ebmud.com/wastewater/commercial-waste/trucked-waste](http://www.ebmud.com/wastewater/commercial-waste/trucked-waste)

# CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

<b>THIS IS TO CERTIFY TO:</b>	East Bay Municipal Utility District (EBMUD) Department: <u>Wastewater Department, Environmental Services Division</u> Street Address: <u>375 11th Street, MS 702</u> Mailing Address: <u>P.O. Box 24055</u> City, State, Zip: <u>Oakland, CA 94623-1055</u>
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**THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:**

District Account Number: (Completed by EBMUD)

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

**LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:**

Trucked non-hazardous waste permitted for disposal at designated EBMUD Wastewater Treatment facilities

**TYPE OF INSURANCE:**

Workers' Compensation Insurance as required by California State Law.

The Workers' Compensation Carrier agrees to waive rights of recovery against District regardless of the applicability of any insurance proceeds, and to require all indemnifying parties to do likewise. All Workers' Compensation coverage maintained or procured by permit Holder must contain a waiver of subrogation endorsement providing that customer/permit holder and each insurer waive any and all rights of recovery by subrogation, or otherwise, against the EBMUD, its directors, board and committee members, officers, officials, agents, volunteers, and employees. Customer shall defend and pay any and all damages, fees, costs, etc. arising out of or resulting from, customer's failure to provide the waiver of subrogation from the insurance carrier.

**INSURANCE COMPANY:**

\_\_\_\_\_

**POLICY NUMBER:**

\_\_\_\_\_

**POLICY TERM:**

From: \_\_\_\_\_ To: \_\_\_\_\_

The policy will not be canceled nor the above coverage reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

**IT IS HEREBY CERTIFIED the above policy provides insurance as required by the agreement between East Bay Municipal Utility District and the Insured.**

Firm \_\_\_\_\_  
 Address \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."