THIS IS TO CERTIFY TO:       East Bay Municipal Utility District (EBMUD)         Department:       Wastewater Department, Environmental Services Division         Mailing Address:       375 11th Street, M5 702         District Account Number:       City, State, Zip:         District Account Number:       City State, Zip:         Address:	EBMUD	Resource Recover PO Box 24055, MS 702 Oakland, CA 94623-10 (510) 287-1632 <u>RRInsure@EBMUD.com</u> www.ebmud.com/was waste/trucked-waste	<u> </u>	CERTIFICATE OF WORKERS' COMPENSATION INSURANCE	
District Account Number:       (Completed by EBMUD)         Insured:	THIS IS TO CERTIFY TO:		Department: Street Address: Mailing Address:	Wastewater Department, Environmental Services Division 375 11th Street, MS 702 P.O. Box 24055	
Insured: Address:  ICCATION 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: From: The policy provides insurance as required by the agreement between 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 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 or the mounteent with respect to which this certificate or verification of Insurance and the result or or the 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	THE FOLLOWING DESCRIBED POLICY H		AS BEEN ISSUED TO:		
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