

**Resource Recovery Program**

PO Box 24055, MS 702

Oakland, CA 94623-1055

(510) 287-1632

RRInsure@EBMUD.comwww.ebmud.com/wastewater/commercial-waste/trucked-waste**CERTIFICATE OF POLLUTION LIABILITY
INSURANCE****THIS IS TO CERTIFY TO:**

East Bay Municipal Utility District (EBMUD)

Department: Wastewater Department, Environmental Services DivisionStreet Address: 375 11th Street, MS 702Mailing Address: P.O. Box 24055City, State, Zip: Oakland, CA 94623-1055**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:** Pollution Liability (Claims Made Basis)**MINIMUM LIMITS OF LIABILITY:** \$2,000,000 each claim - \$2,000,000 aggregate**INSURANCE COMPANY:** _____**POLICY NUMBER:** _____**POLICY TERM:**

From: _____

To: _____

POLICY TAIL:

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.

Signed: _____

Authorized Signature of Broker, Agent, or Underwriter

Date: _____

Firm: _____

Address: _____

Phone: _____

E-mail: _____

"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 conditions 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."