



## **LLRW DISPOSAL FACILITY TRANSPORTER INSURANCE REQUIREMENTS**

*NOTE: These requirements also satisfy the corresponding transportation requirements for the adjacent Treatment, Storage and Disposal Facility (TSDF) for most Customers. Contact your customer service contact for verification.*

Prior to performing work on Waste Control Specialists LLC (WCS) (Company) property, Contractor shall maintain at its sole cost, the following types and minimum limits of insurance, with insurers rated A VII by A.M. Bests or equivalent rating agency:

1. **Business Auto Liability (and/ or excess/umbrella liability):** \$5,000,000 each accident (bodily injury and property damage combined), for all owned, hired and non-owned vehicles, including trailers, to be utilized in transporting material to WCS site. Policy must contain an MCS-90 endorsement and an ISO CA 99 48 03 06 (Pollution Liability-Broadened Coverage) endorsement, or equivalent.
2. **Workers' Compensation/Employers Liability** – insurance with the following limits:  
Workers' Compensation – Statutory  
Employers Liability - \$1,000,000 each accident
3. To the extent permitted by applicable federal, state and local laws and regulations, all insurance policies required must:
  - a) Name Waste Control Specialists LLC as an additional insured, except under any Workers Compensation or Employer's Liability policy, and
  - b) Specify that insurers have no right of recovery or subrogation against WCS.

**Any Subcontractors employed by a Contractor shall maintain the same level of insurance required of Contractor including waiver subrogation in favor of WCS and naming WCS as an additional insured, as required above. Alternatively, Contractor's insurance policies may be extended to cover Subcontractor(s).**

Prior to the inception of any work performed on WCS property, Contractor shall provide Company with an insurance certificate(s) as evidence that the required insurance is in force. Contractor shall continuously provide renewal certificates to Company as long as they are performing work on WCS property. **All of the Independent Contractor's insurance required herein shall be primary to, and shall receive no contribution from any other insurance maintained by, on behalf of, or benefiting WCS. Contractor shall provide WCS with notice of cancellation within 10 days of receiving such notice and shall provide evidence of replacement coverage within 20 days of effective date of cancellation.** If required, Contractor shall provide Company with the copies of the requested insurance policies.

**Please fax to 432-525-8904 or submit by email to your customer service contact.**

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