



March 11, 2015

Compost Facility Customers – Important Insurance Information

The MCMUA must have on file your current insurance certificate(s) along with the associated Additional Insured Endorsement * form, or you will be denied access to the compost facilities.

* **Additional Insured Endorsements** are required for all customers that have vehicles over 26,000 lbs. (see page 2 for an example).

Insurance certificates and endorsement forms conforming to MCMUA and County of Morris requirements must be submitted to the MCMUA either by:

- Mail: MCMUA, 214A Center Grove Road, Randolph, New Jersey 07869, attn. T. Burbridge;
- Fax: 973-285-8397, attn. T. Burbridge; or,
- Email: tburbridge@mcmua.com.

The MCMUA must have current insurance certificates & endorsements (if req'd) or you will be denied access to the compost facilities.

Required Information for all Certificates of Insurance

- The County of Morris and the MCMUA must be named as additional insured in the Description of Operations section, and;
- The County of Morris and the MCMUA, 214A Center Grove Road, Randolph, New Jersey 07869 must be listed as the certificate holder.

Automobile Liability and General Liability Insurance - All vehicles accessing the MCMUA compost facilities are required to carry insurance covering the MCMUA and the County of Morris for all claims arising from Owned, Hired and Non-Owned vehicles.

- For vehicles over 26,000 lbs., the general liability limit must not be less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) general aggregate. The automobile liability limit must not be less than a combined single limit per accident of one million dollars (\$1,000,000). **The additional insured endorsement form is required.**
- For contractors operating vehicles under 26,000 lbs., the general liability limit must not be less than three hundred thousand dollars (\$300,000) per occurrence. The automobile liability limit must not be less than a combined single limit per accident of three hundred thousand dollars (\$300,000). **The additional insured endorsement form is not required.**

Workers Compensation and Employers Liability Insurance - In accordance with the mandated statutory requirements of the State of New Jersey, employers liability insurance shall have the following limits (note: any contractor with employees must carry this coverage):

- | | |
|---------------------------|-----------|
| • Each Accident | \$500,000 |
| • Disease - Each Employee | \$500,000 |
| • Disease – Policy Limit | \$500,000 |



*Additional Insured Endorsement

- This form is required for all customers that have vehicles over 26,000 lbs.
- This form must come from your insurance company.
- The "COUNTY OF MORRIS and the MCMUA" must be listed in the left box and the statement "Contractor drop-off of yard waste or pick up of mulch, compost or woodchips at compost facility" in the right box. See the example of additional insured endorsement below.

POLICY NUMBER: **COMMERCIAL GENERAL LIABILITY**
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name of Additional Insured Person (s) Or Organization (s):	Locations of Covered Operations
"The County of Morris and the MCMUA"	"Contractor drop-off of yard waste or pick up of mulch, compost or woodchips at compost facility."
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.