



Department of Energy

Carlsbad Area Office
P. O. Box 3090
Carlsbad, New Mexico 88221

08 NOV 1999



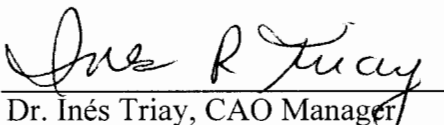
John Kieling, Hazardous Waste Permits Program Manager
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
P.O. Box 26110
Santa Fe, New Mexico 87502-6110

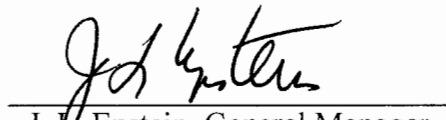
Dear Mr. Kieling:

Enclosed with this letter are a binder and certificate of liability insurance for the Westinghouse Waste Isolation Division which are required by Module II.P of the WIPP Hazardous Waste Facility Permit, Permit Number: NM4890139088-TSDF.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,


Dr. Inés Triay, CAO Manager
U. S. Department of Energy


J. W. Epstein, General Manager
Westinghouse Waste Isolation Division



ECS
UNDERWRITING

FAX TRANSMITTAL SHEET

ECS UNDERWRITING, INC.
520 Eagleview Boulevard • PO Box 636 • Exton, PA 19341-0636
(800) 327-1414 • (610) 458-0570 • Fax (610) 458-8667
www.ecsunderwriting.com

To: Elaine Gray
Company: Terry Payne & Company, Inc.
Fax: 406-728-7589
Phone:

From: Lori Ferguson, Underwriting Assistant
RE: Morrison Knudsen Corporation

Date: 11/5/99

Number of Pages: 1
(including cover page)

CONTRIBUTION OF COSTS REBOUND

Thank you for your business. Please be advised that we have bound coverage for the above referenced account. This company binds the kind(s) of insurance stipulated below, per the quote letter dated 11/5/99. As stated in our quote to you, we require all endorsements with a signature line to be returned to ECS prior to our issuing any policies.

Insurance Coverage	Policy Form	Policy Number
Pollution Legal Liability – Reliance National Indemnity Company	11/05/99-00	NTL2518000

CONDITIONS

This Company binds the kind(s) of insurance stipulated above. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

APPLICABLE IN NEVADA

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00 and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Should you have any questions or require additional information, please feel free to call me.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/08/1999

PRODUCER

TERRY PAYNE & CO., INC.
P.O. BOX 16130
2525 N. RESERVE ST.
MISSOULA, MT 59808

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	RELIANCE NATIONAL INDEMNITY COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

WESTINGHOUSE GOVERNMENT ENVIRONMENTAL SERVICES COMPANY LLC
WESTINGHOUSE WASTE ISOLATION DIVISION
1021 NATIONAL PARKS HIGHWAY
CARLSBAD, NM 88220

COVERAGE

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKER'S COMPENSATION AND EMPLOYER LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - POLICY LIMIT	\$	EL DISEASE - EA EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE - POLICY LIMIT	\$												
EL DISEASE - EA EMPLOYEE	\$												
A	OTHER POLLUTION LIABILITY COVERAGE FOR SUDDEN & NON-SUDDEN ACCIDENTAL OCCURRENCES	NTL2518000	11/5/99	11/5/00	\$4,000,000 EACH OCCURRENCE \$8,000,000 AGGREGATE								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: EPA ID # NM48901 39088-TSDF, WASTE ISOLATION PILOT PLANT (WIPP), 35 MILES SW, CARLSBAD, NM

CERTIFICATE HOLDER

NEW MEXICO ENVIRONMENTAL DEPT.
ATTN: JOHN KIELING
HAZARDOUS AND RADIOACTIVE MATERIALS BUREAU
P.O. BOX 26110
SANTA FE, NM 87502-6601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Glaine Gray

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Reliance National Indemnity Company, c/o ECS Underwriting, Inc., 520 Eagleview Boulevard, Exton, PA 19341-0636, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Westinghouse Government Environmental Services LLC, Westinghouse Waste Isolation Division of 4021 National Parks Highway, Carlsbad, NM 88220, in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA ID #NM48901 39088-TSDF, Waste Isolation Pilot Plant (WIPP), 35 Miles SW, Carlsbad, NM, for "Sudden and Nonsudden Accidental Occurrences". The limits of liability are \$4,000,000 "Each Occurrence" and \$8,000,000 "Annual Aggregate", legal defense costs expense outside of the limits of liability at a maximum of 25% of the limits of liability. The coverage is provided under policy number NTL2518000, issued on November 5, 1999. The effective date of said policy is November 5, 1999.
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by a Regional Administrator of the US Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the Insurance, whether by the Insurer, the Insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste management facility, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Regional Administrator of the EPA Region in which the facility is located.
 - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator of the EPA Region in which the facility is located.

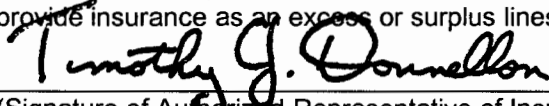
I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in one or more States.

Signed By: Elaine Gray
Elaine Gray, Account Manager
Authorized Representative of Reliance National Indemnity Company
Terry Payne & Co., Inc.
2525 North Reserve Street
P.O. Box 16130
Missoula, MT 59808-6130

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Reliance National Indemnity Company, of Three Parkway, Philadelphia, PA 19102-1376, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Morrison Knudsen Corporation, of 4021 National Parks Highway, Carlsbad, NM 88220 in connection with the insured's obligation to demonstrate financial responsibility under the New Mexico Hazardous Waste Management Regulations, Part II, 206.C.3.h. The coverage applies at EPA ID#NM48901 39088-TSDF, The U.S. Department of Energy Waste Isolation Pilot Plant, 35 miles SE, Carlsbad, NM for sudden and nonsudden accidental occurrences. The limits of liability are \$4,000,000 each occurrence and \$8,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number NTL2518000 issued on 11/5/99. The effective date of said policy is 11/5/99.
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in the New Mexico Hazardous Waste Management Regulations, Part II, 206.C.3.h(6) or 206.D.3.h(6).
 - (c) Whenever requested by the New Mexico Environmental Improvement Division (EID), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the EID Director.
 - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the DEP Commissioner of the EID Director.

I hereby certify that the wording of this instrument is identical to the wording specified in the New Mexico Waste Management Regulations, Part II, 206.D.3.j(10), as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer in one or more States.


(Signature of Authorized Representative of Insurer)

Timothy Donnellon, Vice President
Authorized Representative of Reliance National Indemnity Company

c/o Environmental Compliance Services, Inc.
520 Eagleview Boulevard
P.O. Box 636
Exton, PA 19341-0636

NM-HAZWASTE.DOC
(Revised 10/98)

