Clear Form

TM Corpus Christi Services LLC
Inbound Transporter Qualification Form

I. Requirements

A. Return form in Section II. Transporter Information; and

B. Submit the following to cperez@texasmolecular.com:

Insurance Requirements	
Type	**Minimum Limits of Liability**
Commercial General Liability	$ 1,000,000 - Each Occurrence
	$ 2,000,000 - General Aggregate
Automobile Liability	$ 1,000,000 - Combined Single Limit; **or** $ 5,000,000 - Combined Single Limit (if Excess/Umbrella is not met)
Excess/Umbrella Liability	$ 4,000,000 - Aggregate
Worker's Compensation & Employer's Liability	$ 1,000,000 - Each Accident
	$ 1,000,000 - Disease Policy Limit
Additional Special Provisions:	
1) Additional insured in favor of **TM Corpus Christi Services LLC** (for General Liability and Automobile).	
2) Waiver of Subrogation in favor of **TM Corpus Christi Services LLC** (for General Liability, Automobile, and Worker's Compensation).	
3) *Requested, but not required:* Alternative Employer Endorsement in favor of **TM Corpus Christi Services LLC** (for Worker's Compensation).	

II. Transporter Information:

Company Name:	
DBA Name:	
Physical Address:	
Mailing Address:	
City, State, Zip:	
24-Hr/Dispatch Phone:	
Contact Name:	
Texas Solid Waste Registration No.: (required if hauling hazardous and/or Class 1 non-hazardous wastes)	
EPA Identification No.: (required if hauling hazardous waste)	

III. Approval (for TM use only)

Transporter Code Assigned: (required if hauling waste)	
Insurance Expires:	
Approved to Haul: (select all that apply)	☐ Hazardous ☐ Class 1 ☐ Class 2 ☐ Product
Approval/Date:	