



 ENTERED

520 Eagleview Boulevard
PO Box 636
Exton, PA 19341-0636
Tel: 800-ECS-1414
Fax: 610-458-8667
www.ecsinc.com



October 3, 2000

New Mexico Environmental Department
ATTN: John Kieling
Hazardous and Radioactive Materials Bureau
P.O. Box 26110
Santa Fe, NM 87502-6601

RE: Westinghouse Government Environmental Services Company LLC, Westinghouse
Waste Isolation Division

Dear Mr. Kieling,

Please be advised that the above insured requested cancellation of this policy effective 8/16/00. I have enclosed the cancellation request, cancellation endorsement and a copy of the certificate our office issued in November 1999. Please feel free to contact me should you have any questions.

Sincerely,

Lori Ferguson
Underwriting Assistant
Environmental Facilities

/lf

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

NAME AND ADDRESS OF AGENCY

Terry Payne & Co., Inc.
2525 N. Reserve Street
P.O. Box 16130
Missoula, MT 59808

COMPANY

Reliance Nat'l Indemnity Co (ECS)
ECS, 520 Eagleview Blvd., P. O. Box 636
Exton, PA 19341

KIND OF POLICY

Environmental Liability

NAME AND MAILING ADDRESS OF INSURED

Morrison Knudsen Corporation
One Morrison Knudsen Plaza
P.O. Box 73
Boise, ID 83729

POLICY NUMBER

NTL2518000

AGENCY CODE

EFFECTIVE DATE/HOUR OF CANCELLATION

8/16/00

HOUR OF CANCELLATION

12:01 a.m.

POLICY PERIOD

MONTH DAY YEAR

MONTH DAY YEAR

11/05/99 TO 11/05/00

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Policy not attached)

RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed, or being retained.

No claims of any type will be made against the Insurance Company under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS _____ DATE _____

See Attached Letter 8/17/00
SIGNATURE NAMED INSURED _____ DATE

WITNESS _____ DATE _____

SIGNATURE NAMED INSURED _____ DATE

LIEN HOLDER MORTGAGEE LOSS PAYEE

AUTHORIZED SIGNATURE _____ TITLE _____ DATE

LIEN HOLDER MORTGAGEE LOSS PAYEE

AUTHORIZED SIGNATURE _____ TITLE _____ DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

- NOT TAKEN
- REQUEST OF INSURED
- REWRITTEN

COMPANY _____

METHOD OF CANCELLATION

- FLAT
- SHORT RATE
- PRO RATA

POLICY NUMBER _____ DATE _____

OTHER (Identify) No Longer Required

FULL TERM PREMIUM
\$ 56,000

UNEARNED FACTOR
.222

RETURN PREMIUM
\$ 12,432.00

PREMIUM CALCULATION SUBJECT TO AUDIT

PRODUCER'S SIGNATURE _____

DATE _____

- INSURED
- LOSS PAYEE
- MORTGAGEE
- LIEN HOLDER
- COMPANY

ENDORSEMENT # 14

This endorsement, effective 12:01 a.m., 08/16/00 forms a part of
Policy No. NTL2518000 issued to WESTINGHOUSE WASTE ISOLATION DIVISION
by RELIANCE NATIONAL INDEMNITY CO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

POLLUTION AND REMEDIATION LEGAL LIABILITY POLICY

Policy Number NTL2518000 is cancelled effective 8/16/00 at the insured's
request.

\$12,432 R/P

All other terms and conditions remain the same.

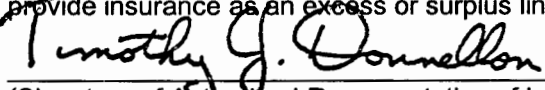
(Authorized Representative)

FERG 10/03/2000

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)