SELF-INSURANCE OR INDEMNITY INFORMATION OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY (TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES **1.** DESIGNATED APPLICANT: COMPANY LEGAL NAME MMS COMPANY NUMBER 2. FOR THE PURPOSE OF THIS APPLICATION THE UNDERSIGNED IS ACTING IN THE FOLLOWING CAPACITY: SELF-INSURER (30 CFR 253.21 AND 30 CFR 253.41) INDEMNITOR (30 CFR 253.30 AND 30 CFR 253.41) 3. THE AMOUNT OF COVERAGE FOR WHICH EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY IS BEING ESTABLISHED IS: FROM \$ 0 то \$ LOWER LIMIT UPPER LIMIT (Must be Completed) **4.** THIS COVERAGE IS EFFECTIVE: AND EXPIRES ON THE FIRST CALENDAR DAY OF THE FIFTH MONTH DATE AFTER THE CLOSE OF THE SELF-INSURER'S OR INDEMNITOR'S FISCAL YEAR, WHICH ENDS: DATE SELF-INSURER OR INDEMNITOR PROVIDING EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY FOR THE DESIGNATED APPLICANT: COMPANY LEGAL NAME MMS COMPANY NUMBER ADDRESS CITY STATE **ZIP CODE** CONTACT PERSON FOR CLAIMS CONTACT PERSON'S TITLE AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS 6. THE UNDERSIGNED, AS AN OFFICER OR DESIGNATED AGENT OF THE ABOVE-NAMED SELF-INSURER OR INDEMNITOR COMPANY, AGREES TO THE CONDITIONS STATED IN 30 CFR 253.21 THROUGH 30 CFR 253.28, 30 CFR 253.30, 30 CFR 253.40, AND 30 CFR 253.41, AND TO NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM IN THE EVENT THE DESIGNATED APPLICANT OR THE INDEMNITOR IS NO LONGER ABLE TO MAINTAIN EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY TO THE EXTENT STATED IN SECTION 3 ABOVE (REFERENCE 30 CFR 253.15). NAME SIGNATURE TITI F DATE 7. THE SELF-INSURER'S OR INDEMNITOR'S U.S. AGENT FOR SERVICE OF PROCESS IS: NAME MMS COMPANY NUMBER ADDRESS CITY STATE ZIP CODE AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.