

**SELF-INSURANCE INFORMATION**

**RESPONSIBLE PARTY SELF-INSURANCE CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY  
IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990**  
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

- I, the undersigned, as the Authorized Representative of the Responsible Party (described in section 6), certifies that the Responsible Party is acting in the capacity of a Self-Insurer, in accordance with the requirements of 30 CFR 553.41.
- The amount of coverage for which evidence of oil spill financial responsibility is being established by the Responsible Party using self-insurance is:

FROM	\$	0	TO	\$
LOWER LIMIT			UPPER LIMIT (MUST BE COMPLETED)	

- This coverage is effective: \_\_\_\_\_ and expires on the first calendar day of the fifth month  
DATE  
after the close of the Self-Insurer's fiscal year, which ends: \_\_\_\_\_.  
DATE

- The Responsible Party providing evidence of oil spill financial responsibility in the form of Self-Insurance is:

_____ COMPANY LEGAL NAME		_____ BOEM 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

- The undersigned certifies on behalf of the Responsible Party that the requirements set forth in 30 CFR Part 553 and specifically §§ 553.21 through 553.28 have been met.

The undersigned further agrees that the Responsible Party, pursuant to the requirements of 30 CFR 553.15, will notify the BOEM oil spill financial responsibility program in the event the Responsible Party is no longer able to maintain evidence of oil spill financial responsibility as a Self-Insurer in the amounts stated in section 2 above.

6. The Responsible Party, as Self-Insurer, acting through the Designated Applicant must, no later than the first calendar day of the fifth month after the close of your fiscal year, submit either a renewal of this Self-Insurance or other acceptable evidence of financial responsibility.

\_\_\_\_\_  
NAME OF AUTHORIZED REPRESENTATIVE OF  
RESPONSIBLE PARTY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE OF AUTHORIZED REPRESENTATIVE OF  
RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

7. The Self-Insurer's U.S. Agent for Service of Process is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
BOEM COMPANY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
AREA CODE AND TELEPHONE NUMBER

\_\_\_\_\_  
AREA CODE AND FAX NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

8. In witness whereof, the Designated Applicant and the Self-Insurer have executed this instrument on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

MONTH

YEAR

Designated Applicant for the Responsible Parties named herein:

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT

\_\_\_\_\_  
NAME OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT

\_\_\_\_\_  
TITLE OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT