

INSURANCE CERTIFICATE

**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)

1. Designated Applicant: _____
COMPANY LEGAL NAME BOEM COMPANY NUMBER

2. The amount of insurance coverage established by the named Insurers as evidence of oil spill financial responsibility (OSFR) for the Responsible Parties, identified in form(s) BOEM-1017 on file or attached, (hereafter the Insured), as represented by the Designated Applicant, in compliance with the Oil Pollution Act of 1990, as amended, 33 U.S.C. §§ 2701-2672 (hereafter the Act) and with Title 30 Code of Federal Regulations (CFR), part 553, for any one incident is:

FROM \$ _____ TO: \$ _____
STARTING AMOUNT ABOVE ANY UPPER LIMIT OF
DEDUCTIBLE OR EXCESS AMOUNT THIS INSURANCE LAYER

The following insurance option has been selected to provide this coverage:

- Full Option—Insurance is provided for the first full \$ _____ million without deductible.
- Deductible Option—Insurance is provided for the amount of \$ _____ million less the deductible amount of \$ _____.
- Excess Option—Insurance is provided for the amount of \$ _____ million in excess of the amount of \$ _____ million.

3. This coverage is effective: _____ at _____ and expires: _____
DATE Central Standard Time DATE
at _____
Central Standard Time

4. The Insurer may at any time cancel this insurance certificate by written notice of intent to cancel sent by certified mail to the Designated Applicant with copies (plainly indicating the original notice was sent by certified mail) to all Responsible Parties and to the BOEM oil spill financial responsibility program by certified mail. This instrument will remain in force and the undersigned will remain liable until the expiration date or until the earlier of (1) thirty calendar days after BOEM and the Designated Applicant receive a notification of your intent to cancel this insurance certificate; (2) BOEM receives other acceptable OSFR evidence from the Designated Applicant; or (3) all the COFs to which this Insurance Certificate applies have been permanently abandoned either in compliance with 30 CFR part 250 or the equivalent state requirements. The undersigned agrees that any termination of this Insurance Certificate will not affect the liability of the Insurer for any claims that arise from an incident (i.e., oil discharge or substantial threat of the discharge of oil) that occurs on or before the effective date of termination of this Insurance Certificate.

5. The named Insurers agree that any suit or claim for which the Responsible Parties identified in form(s) BOEM-1017, on file or attached, represented by the aforementioned Designated Applicant may be liable under Title I of the Act may be brought directly against the named Insurers for claims up to the amount of insurance coverage asserted by the U.S. government or by other claimants when a Responsible Party denies or fails to pay a claim on the basis of insolvency or a Responsible Party has petitioned for bankruptcy under Title 11 of the U.S. Code.

6. The undersigned further agrees not to use any defense except those that would be available to a Responsible Party for whom the insurance was provided or that the incident leading to the claim for removal costs or damages was caused by willful misconduct of a Responsible Party covered by this insurance.

Previous Editions are Obsolete.

- 7. The undersigned Responsible Party further agrees, pursuant to the requirements of 30 CFR 553.15, to 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 to the extent stated in section 2 above.
- 8. The Designated Applicant must, no later than the first calendar day of the fifth month after the close of the Insurer's fiscal year or expiration if earlier, submit either a renewal of this insurance or other acceptable evidence of financial responsibility.
- 9. Insurance agent or broker for this Insurance Certificate:

COMPANY NAME		BOEM COMPANY NUMBER		
ADDRESS				
CITY		STATE	COUNTRY (If not U.S.A.)	ZIP CODE
()	()		E-MAIL ADDRESS	
AREA CODE and TELEPHONE NUMBER	AREA CODE and FAX NUMBER			

10. As an Authorized Representative of the insurance agent or broker identified above, I certify that the information contained in this Insurance Certificate is accurate and correct, that quota shares total 100 percent for this Insurance Certificate, and that this Insurance Certificate and the named Insurers, complies with the requirements stated in 30 CFR 553.29. The identified insurance agent or broker agrees to maintain and provide to the Designated Applicant and BOEM, on demand, any delegations of authority to a broker or an underwriter of another insurer or underwriting manager to bind a named Insurer to all risks and liabilities specified in Title I of the Act.

NAME	SIGNATURE
TITLE	DATE

11. The named Insurers, listed below, certify that the Insured is insured by the named Insurers for the offshore facilities, as specified below, against liability for removal costs and damages to which the Insured could be subjected under Title I of the Oil Pollution Act and 30 CFR 553 within the insurance layer specified.

The following offshore facility coverage option has been selected:

- General Option—All covered offshore facilities for which the named Designated Applicant serves in that capacity.
- Schedule Option— All covered offshore facilities on the Designated Applicant's attached information form and schedule of properties forms, effective _____ DATE.

12. The named Insurers designate the following U.S. Agent for Service of Process for this Insurance Certificate:

_____		_____	
NAME		BOEM COMPANY NUMBER	

ADDRESS			
_____		_____	_____
CITY		STATE	ZIP CODE
() _____	() _____	_____	
AREA CODE and TELEPHONE NUMBER	AREA CODE and FAX NUMBER	E-MAIL ADDRESS	

13. In witness whereof, the Designated Applicant for the Responsible Parties and the named Insurers 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

Named Insurers:

COMPANY NAME

ADDRESS

CITY STATE ZIP CODE

14. The following named Insurers hereby certify their participation on this.

BOEM ID NUMBER	INSURER'S NAME	QUOTA SHARE	AUTHORIZED SIGNATURE	NAME AND TITLE OF BINDING OFFICIAL	INSURANCE RATING	INSURANCE RATING SERVICE	DATE OF RATING (MM/YY)
	SUBTOTAL OF QUOTA						

If additional space is required, additional copies of this page may be attached as continuation pages.

14. The following named Insurers hereby certify their participation on this (continued).

BOEM ID NUMBER	INSURER'S NAME	QUOTA SHARE	AUTHORIZED SIGNATURE	NAME AND TITLE OF BINDING OFFICIAL	INSURANCE RATING	INSURANCE RATING SERVICE	DATE OF RATING (MM/YY)
SUBTOTAL FROM PREVIOUS PAGE							
TOTAL QUOTA SHARE (MUST EQUAL 100%)							

If additional space is required, additional copies of this page may be attached as continuation pages.