

VERIFICATION OF INSURANCE

ISSUED TO The Offshore Pollution Liability Association Limited (hereinafter referred to as the 'Association').

We the undersigned Insurer hereby certify and agree:

(1) that policy number effective from
Time and Date
 and expiring on..... has been issued to.....
Time and Date
(hereinafter referred to as the 'Insured')
 whose address is

 by us, the undersigned Insurer.

Limit: Per Incident US\$..... Aggregate Per Policy Year US\$.....

Deductible: Per Incident US\$.....

Policy applies to all Offshore Facilities (as defined in OPOL) of which the Insured is the Operator (as defined in OPOL);

(2) that the policy covers the Insured's liability for claims for Remedial Measures and/or Pollution Damage arising out of or resulting from an Incident, as those terms are defined in the Offshore Pollution Liability Agreement dated 4th September 1974 as amended from time to time (herein referred to as 'OPOL'), occurring during the period the policy is in effect;

(3) that the coverage afforded by the said policy will not be cancelled until notice in writing has been given to the Insured and to the Association and, furthermore, that such cancellation shall not become effective until after the expiration of 30 days from the date the notice is received by the Association, or until substitute evidence of

financial responsibility as required by OPOL has been filed with and accepted by the Association, whichever occurs first;

- (4) that the coverage afforded by the said policy in respect of such liability referred to in (2) above and in respect of the amounts referred to above cannot be eroded by claims in respect of any liability other than a liability referred to in (2) above; and
- (5) that we have one or more of the following credit or financial strength ratings: “A-” or higher from Standard & Poor’s; “A-” or higher from A.M. Best; “A3” or higher from Moody’s; “A” or higher from Fitch; and/or the equivalent from another internationally recognised credit rating agency acceptable to the Association. If we cease to satisfy such requirement, then we shall as soon as practicable notify the Insured and the Association in writing of the same.

All notices to be given to the Association in connection with this Form shall be sent by email (as a pdf, tif or similar uneditable attachment) to admin@opol.org.uk.

The issuance of this document does not make the Association an additional insured, nor does it modify in any manner the contract of insurance between the Insured and the Insurer.

Date Name of Insurer:.....

Address By
of Insurer **Authorised signature**
.....

Name
Typed or Printed

Title
Typed or Printed