

VERIFICATION OF SELF-INSURANCE

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

We, the undersigned Operator hereby certify that we have entered into the agreement known as the Offshore Pollution Liability Agreement dated 4 September 1974, as amended from time to time (hereinafter referred to as 'OPOL') and that we have elected to establish financial responsibility to fulfill our obligations under Clause IV of OPOL by self-insurance:

Accordingly, we, the undersigned Operator hereby represent and agree:

- (1) that we shall, pursuant to the obligations set out in OPOL, meet claims for Remedial Measures and/or Pollution Damage arising out of or resulting from an Incident, as those terms are defined in OPOL;
- (2) 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;
- (3) that we shall, at the request of the Association, promptly provide such supporting evidence as the Association may reasonably require from time to time regarding such credit or financial strength rating; and
- (4) that we shall:
 - (a) notify the Association promptly in writing if we become aware that we no longer satisfy such credit or financial strength rating requirement;

- (b) promptly after becoming so aware procure that replacement financial responsibility is effected in accordance with OPOL and these Rules; and
- (c) promptly provide evidence of the same in writing to the Association by submitting evidence of replacement financial responsibility to the Association in accordance with OPOL and these Rules.

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.

Date Name of Operator:.....

Address of By

Operator **Officer of the Operator**

.....

Name

Typed or Printed

Title

Typed or Printed