

VERIFICATION OF INSURANCE

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

We the undersigned Insurance Broker or Agent hereby certify and agree:

(1) that policy number effective from and expiring on has been issued to

Only the names of the members should be entered here

..... whose address is
..... whose address is
..... whose address is
and whose address is

(hereinafter referred to as the 'Insureds')

Limit: Per Incident US\$.....
Aggregate for the Insureds Per Policy Year US\$.....
Deductible: Per Incident US\$.....

No reference to scaling for percentage interest should be entered here as evidence is required for the full amount payable under the OPOL Agreement.

Only \$500m should be entered here. Although higher limits might be available you are only required to confirm you have this aggregate amount available.

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

(2) that the policy covers the Insureds' 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 Insureds 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 the insurers underwriting the policy above each 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 any such insurer ceases to satisfy such requirement, then we shall as soon as practicable notify the Insureds 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 Insureds and any insurer.

Date Name of Broker or Agent

By
 Address
 of Broker
 or Agent
 Name
 Title

Authorised signature
 Typed or Printed
 Typed or Printed