## MINERALS MANAGEMENT SERVICE

## **SELF-INSURANCE OR INDEMNITY INFORMATION**

## **OIL POLLUTION ACT OF 1990**

## APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

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OSFRC NUMBER	JSE ONLY  INDEMNITOR NUMBER	OMB C	Pg. 1 of 1 1018 (September 2001) ontrol No. 10100106 oval Expires: 09/30/2004
1. DESIGNATED APPLICANT:	COMPANY LEGAL	NAME	MMS QUALIFICATION NUMBER
2. FOR THE PURPOSE OF THIS  SELF-INSURER (30 C	APPLICATION THE UNDERSIGN FR 253.21 AND 30 CFR 253.41)		LLOWING CAPACITY: 53.30 AND 30 CFR 253.41)
3. THE AMOUNT OF COVERAGE ESTABLISHED IS:  FROM \$	0 LOWER LIMIT	TO \$  UPPER LIMIT (Must	
<b>4</b> . THIS COVERAGE IS EFFECTI AFTER THE CLOSE OF THE SEL			
5. SELF-INSURER OR INDEMNIT	OR PROVIDING EVIDENCE OF	OIL SPILL FINANCIAL RES	SPONSIBILITY FOR THE
DESIGNATED APPLICANT:	COMPANY LEGAL	NAME	MMS QUALIFICATION NUMBER
	ADDRESS		
	CITY	STATE	ZIP CODE
CONTACT PERSON	FOR CLAIMS	CONTACT PER	RSON'S TITLE
_() AREA CODE and TELEPHONE NUMBER	AREA CODE and FAX I	NUMBER	E-MAIL ADDRESS
CFR 253.30, 30 CFR 253.40, A PROGRAM IN THE EVENT TH	REES TO THE CONDITIONS STA ND 30 CFR 253.41, AND TO NOT E DESIGNATED APPLICANT OR SPILL FINANCIAL RESPONSIBIL	TED IN 30 CFR 253.21 TH TIFY THE OIL SPILL FINAN THE INDEMNITOR IS NO	ROUGH 30 CFR 253.28, 30 CIAL RESPONSIBILITY LONGER ABLE TO
	NAME	SIG	NATURE
7. THE SELF-INSURER'S OR INC	TITLE DEMNITOR'S U.S. AGENT FOR S	ERVICE OF PROCESS IS:	DATE
	NAME	<del></del>	MMS QUALIFICATION NUMBER
	ADDRESS		
	CITY	STATE	ZIP CODE
AREA CODE and TELEPHONE NUMBER	_() AREA CODE and FAX I	NUMBER	E-MAIL ADDRESS

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.