



This document is scheduled to be published in the Federal Register on 08/06/2013 and available online at <http://federalregister.gov/a/2013-18923>, and on FDsys.gov

4310-MR

DEPARTMENT OF THE INTERIOR

Bureau of Ocean Energy Management

[OMB Control Number 1010-0106]

Information Collection: Forms for Oil Spill Financial Responsibility for Offshore Facilities; Proposed Collection for OMB Review; Comment Request

MMAA104000

ACTION: 60-day notice.

SUMMARY: To comply with the Paperwork Reduction Act of 1995 (PRA), the Bureau of Ocean Energy Management (BOEM) is inviting comments on the proposed revision of forms associated with a collection of information that we will submit to the Office of Management and Budget (OMB) for review and approval. The information collection request (ICR) concerns the forms used for paperwork requirements under 30 CFR 553, Oil Spill Financial Responsibility for Offshore Facilities.

DATE: Submit written comments by [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Please send your comments on this ICR to the BOEM Information Collection Clearance Officer, Arlene Bajusz, Bureau of Ocean Energy Management, 381 Elden Street, HM-3127, Herndon, Virginia 20170 (mail); or arlene.bajusz@boem.gov (email); or 703-787-1209 (fax). Please reference ICR 1010-0106 in your comment and include your name and return address.

FOR FURTHER INFORMATION CONTACT: Arlene Bajusz, Office of Policy, Regulations, and Analysis at (703) 787-1025. The revised forms are printed at the end of

this notice.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 1010-0106.

Title: 30 CFR 553, Oil Spill Financial Responsibility for Offshore Facilities.

Forms: BOEM-1016 through 1023 and BOEM-1025.

Abstract: On May 1, 2013, BOEM released a notice inviting public comment on the information collection renewal of requirements for BOEM's Oil Spill Financial Responsibility (OSFR) regulations under 30 CFR 553 (78 FR 25472). The BOEM uses the information collected under these regulations to verify compliance with section 1016 of the Oil Pollution Act of 1990, as amended (OPA), and to confirm that applicants can pay for cleanup and damages resulting from oil spills and other hydrocarbon discharges that originate from Covered Offshore Facilities (COFs). Since May, BOEM has proposed revising the forms used with this collection and is providing the 60-day public comment period for the revisions with this notice.

BOEM is splitting the function of some forms and revising others to clarify the responsibilities and financial obligations of responsible parties and applicants, as described in the Outer Continental Shelf Lands Act, and to better align the terminology and liability with the provisions of OPA. These revisions will better protect the Federal Government from potential disputes and litigation by clarifying that the primary relationship is between the responsible party and guarantor and that the designated applicant/operator is intended to function primarily in an administrative capacity. The revisions will also better align BOEM's process with that of the U.S. Coast Guard's National Pollution Fund Center, thereby reducing the burden on industry in complying

with potentially conflicting guidance on oil spill responsibility, particularly with respect to offshore facilities that also function as vessels.

Below is a description of each affected form, as well as any change in the burden. The revised forms are also printed at the end of this notice. Until OMB approves these revisions, the current forms remain in use and can be located at

<http://www.boem.gov/About-BOEM/Procurement-Business-Opportunities/BOEM-OCS-Operation-Forms/BOEM-OCS-Operation-Forms.aspx>.

Form BOEM-1016, Designated Applicant Information Certification. This form remains essentially the same except for updating the choices of forms and clarifying the administrative role of the designated applicant. No change in the 1-hour burden is expected.

Form BOEM-1017, Appointment of Designated Applicant. This form remains essentially the same except for changing the title, clarifying the administrative role of the designated applicant, and adding a column to record depth ranges, when applicable. No change in the 9-hour burden is expected.

Form BOEM-1018, Self-Insurance Information. The original form posed potential confusion because it served two purposes, both to provide evidence of self-insurance (for responsible parties) and as an indemnity (executed by persons other than the responsible party). Thus, the form has been split into two forms (BOEM-1018 and BOEM-1023). BOEM-1018 focuses on self-insurance only and is reworded to more closely align with the requirements of OPA, adding an agreement to update/renew expiring or terminated instruments and a signature section. No change in the 1-hour burden is expected.

Form BOEM-1019, Insurance Certificate. The language and agreements in this form have been reworded for compliance with OPA, to clarify that the insurer is responsible for OPA liabilities of the responsible parties, and to add an agreement to update/renew expiring or terminated instruments. No change in the 120-hour burden is expected.

Form BOEM-1020, Surety Bond. The language and agreements in this form have been reworded for compliance with OPA, to clarify that the Surety is responsible for OPA liabilities of the responsible parties, and to add an agreement to update/renew expiring or terminated instruments. No change in the 24-hour burden is expected.

Forms BOEM-1021, Covered Offshore Facilities, and BOEM-1022, Covered Offshore Facility Changes. These forms remain essentially the same except for rewording of the subtitles to match the other forms and adding a provision for rights-of-way. There is no change in the 1-hour burden for BOEM-1022; however, based on respondent input we are increasing the burden for BOEM-1021 from 3 to 6 hours.

Form BOEM-1023, Financial Guarantee. This new form replaces the indemnity agreement (previously part of BOEM-1018) with a provision that an affiliated firm, such as a corporate parent, may promise to satisfy any claims against the responsible parties. It also adds an agreement to update/renew expiring or terminated instruments and a signature section. The hour burden is estimated as 1.5 hours.

Form BOEM-1025, Independent Designated Applicant Information Certification. This new form allows a designated applicant, who is not also a responsible party, to continue to agree to be jointly and severally liable under OPA until BOEM promulgates regulations that will repeal this requirement. We estimate the burden hour to be 1 hour.

We will protect information from respondents considered proprietary under the Freedom of Information Act (5 U.S.C. 552) and its implementing regulations (43 CFR part 2) and under regulations at 30 CFR 550.197, “Data and information to be made available to the public or for limited inspection.” No items of a sensitive nature are being collected. Responses are mandatory.

Frequency: On occasion or annual basis.

Description of Respondents: Holders of leases, permits, and rights of use and easement in the Outer Continental Shelf and in State coastal waters and those who will appoint designated applicants to process their OSFR paperwork. Other respondents will be the designated applicants’ insurance agents and brokers, bonding companies, and guarantors.

Public Disclosure Statement: The PRA (44 U.S.C. 3501, *et seq.*) provides that an agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. Until OMB approves a collection of information, you are not obligated to respond.

Comments: Before submitting an ICR to OMB, PRA section 3506(c)(2)(A) requires each agency “. . . to provide notice . . . and otherwise consult with members of the public and affected agencies concerning each proposed collection of information . . .” Agencies must specifically solicit comments to: (a) evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information

technology.

Agencies must also estimate the non-hour cost burdens to respondents or recordkeepers resulting from the collection of information. Therefore, if you have costs to generate, maintain, and disclose this information, you should comment and provide your total capital and startup cost components or annual operation, maintenance, and purchase of service components. You should describe the methods you use to estimate major cost factors, including system and technology acquisition, expected useful life of capital equipment, discount rate(s), and the period over which you incur costs. Capital and startup costs include, among other items, computers and software you purchase to prepare for collecting information, monitoring, and record storage facilities. You should not include estimates for equipment or services purchased: (i) before October 1, 1995; (ii) to comply with requirements not associated with the information collection; (iii) for reasons other than to provide information or keep records for the Government; or (iv) as part of customary and usual business or private practices.

We will summarize written responses to this notice and address them in our submission for OMB approval. As a result of your comments, we will make any necessary adjustments to the burden estimates in our submission to OMB.

Public Availability of Comments: Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

July 31, 2013
Dated.

Deanna Meyer-Pietruszka,
Chief, Office of Policy, Regulations, and Analysis.

PAPERWORK REDUCTION ACT STATEMENT

BUREAU OF OCEAN ENERGY MANAGEMENT OIL POLLUTION ACT OF 1990 OIL SPILL FINANCIAL RESPONSIBILITY FOR OFFSHORE FACILITIES

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that the Bureau of Ocean Energy Management (BOEM) collects this information to:

1. Provide a standard method for establishing eligibility for oil spill financial responsibility (OSFR) for offshore facilities;
2. Identify and maintain a record of those offshore facilities that have a potential oil spill liability;
3. Establish and maintain a continuous record, over the liability term specified in Title I of the Oil Pollution Act of 1990, of financial evidence and instruments established to pay claims for oil spill cleanup and damages resulting from operations conducted on offshore facilities and the transportation of oil from offshore platforms and wells;
4. Establish and maintain a continuous record of Responsible Parties, as defined in Title I of the Oil Pollution Act of 1990, and their agents or Authorized Representatives for oil spill financial responsibility for offshore facilities; and
5. Establish and maintain a continuous record, over the liability term specified in Title I of the Oil Pollution Act of 1990, of persons to contact and U.S. Agents for Service of Process for claims associated with oil spills from offshore facilities.

The BOEM will routinely use the information to:

1. Ensure compliance of offshore lessees and owners and operators of offshore facilities with Title I of the Oil Pollution Act of 1990;
2. Establish eligibility of applicants for OSFR; and
3. Establish a reference source of names, addresses, and telephone numbers of Responsible Parties for offshore facilities and their Authorized Representatives and Guarantors for claims associated with oil pollution from designated offshore facilities.

Responses are mandatory (33 U.S.C. 2716). No confidential or proprietary information is required to be submitted. The BOEM considers oil spill financial responsibility demonstrations, including supporting audited financial statements, to be public information open for review under the Freedom of Information Act (5 U.S.C. 552).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) Control Number. The public reporting burden for an application for certification of oil spill financial responsibility is listed below. The burden includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the application. The average burden for each of the forms and required information that could comprise a submission is:

Form BOEM-1016, Designated Applicant Information Certification	1 hour
Form BOEM-1017, Appointment of Designated Applicant	9 hours
Form BOEM-1018, Self-Insurance Information	1 hour
Form BOEM-1019, Insurance Certificate	120 hours
Form BOEM-1020, Surety Bond	24 hours
Form BOEM-1021, Covered Offshore Facilities	6 hours
Form BOEM-1022, Covered Offshore Facility Changes	1 hour
Form BOEM-1023, Financial Guarantee	1.5 hours
Form BOEM-1025, Independent Designated Applicant Information Certification ..	1 hour

Comments regarding the burden estimate or any other aspect of this form should be directed to the Information Collection Clearance Officer, Bureau of Ocean Energy Management, 381 Elden Street, Herndon, VA 20170.

(Month/year)

DESIGNATED APPLICANT INFORMATION CERTIFICATION

**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

_____ ADDRESS BOEM COMPANY REGION

_____ CITY STATE ZIP CODE

_____ CONTACT PERSON ()
AREA CODE and TELEPHONE NUMBER

_____ CONTACT PERSON'S TITLE ()
AREA CODE and FAX NUMBER

_____ E-MAIL ADDRESS

2. Summary of Evidence of Oil Spill Financial Responsibility:

Type of Evidence	Amount (in U.S. Dollars)	Effective Date of Evidence	Expiration Date of Evidence
■ Self-Insurance (BOEM-1018)	\$ _____	_____	_____
■ Financial Guarantee (BOEM-1023)	\$ _____	_____	_____
■ Surety Bonds (BOEM-1020)	\$ _____	_____	_____
■ Insurance (BOEM-1019)	\$ _____	_____	_____
■ Other	\$ _____	_____	_____
TOTAL AMOUNT	\$ _____		

3. The Designated Applicant, for all of the Responsible Parties whose Designated Applicant authorizations (form BOEM-1017) are on file or attached, agrees to establish and maintain oil spill financial responsibility (OSFR), under the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*, for all said Responsible Parties. This OSFR will be maintained continuously for those leases, permits, rights of use and easement, and pipeline segments identified in form(s) BOEM-1017 on file or attached. I will immediately notify the Responsible Parties of any claims that I receive. I will immediately notify the BOEM OSFR program if information on this form changes. I certify the information contained herein, including all the information on the attached forms, is complete, true, and correct to the best of my information and knowledge.

_____ NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE

_____ TITLE OF AUTHORIZED REPRESENTATIVE DATE

4. The Designated Applicant's U.S. Agent for Service of Process is: _____ NAME

_____ ADDRESS BOEM COMPANY NUMBER

_____ CITY STATE ZIP CODE

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

APPOINTMENT OF DESIGNATED APPLICANT

**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

ADDRESS BOEM COMPANY REGION

CITY STATE ZIP CODE

2. Responsible Party: _____
COMPANY LEGAL NAME BOEM COMPANY NUMBER

ADDRESS BOEM COMPANY REGION

CITY STATE ZIP CODE

CONTACT PERSON CONTACT PERSON'S TITLE
() ()
AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS

3. I, the undersigned, serving as the Authorized Representative of the Responsible Party named in section 2, do hereby appoint and authorize the Designated Applicant identified in section 1 to act on behalf of the Responsible Party to obtain a certification of oil spill financial responsibility (OSFR) for each covered offshore facility at the locations described in section 5, and to establish and maintain OSFR on the Responsible Party's behalf for these specified covered offshore facilities in accordance with 30 CFR Part 553 and in the amounts specified by the Bureau of Ocean Energy Management (BOEM). On behalf of the Responsible Party, I explicitly agree that the Responsible Party be strictly liable, jointly and severally, together with the other Responsible Parties for each covered offshore facility described in section 5, for all oil spill removal costs and damages in accordance with the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*

This appointment is effective beginning on _____ DATE I agree, on behalf of the Responsible Party, that the Responsible Party will notify the BOEM oil spill financial responsibility program in writing when this appointment is canceled; that the Responsible Party will concurrently appoint a substitute Designated Applicant; and that the Responsible Party shall be bound by the actions of the Designated Applicant hereby appointed until such time as BOEM receives such notice and a substitute Designated Applicant so appointed.

NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE

TITLE OF AUTHORIZED REPRESENTATIVE DATE

4. The Responsible Party's U.S. Agent for Service of Process is: _____
NAME

ADDRESS BOEM COMPANY NUMBER

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

6. The Responsible Party, as Self-Insurer, acting through the Designated Applicant must, no later than the first calendar day of the fifth month after the close of your fiscal year, submit either a renewal of this Self-Insurance or other acceptable evidence of financial responsibility.

NAME OF AUTHORIZED REPRESENTATIVE OF
RESPONSIBLE PARTY

SIGNATURE

TITLE OF AUTHORIZED REPRESENTATIVE OF
RESPONSIBLE PARTY

DATE

7. The Self-Insurer's U.S. Agent for Service of Process is:

NAME

BOEM COMPANY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

AREA CODE AND TELEPHONE NUMBER

AREA CODE AND FAX NUMBER

E-MAIL ADDRESS

8. In witness whereof, the Designated Applicant and the Self-Insurer 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

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 DEDUCTIBLE OR EXCESS AMOUNT UPPER LIMIT OF 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.

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
() AREA CODE and TELEPHONE NUMBER	() AREA CODE and FAX NUMBER	E-MAIL ADDRESS	

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

SURETY BOND

**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. Surety Company Bond Number: _____
 3. The Designated Applicant and Responsible Parties, identified in form(s) BOEM-1017 on file or attached, and _____, a company created under the laws of _____, and _____, authorized to do business in the United States, as Surety (hereinafter called Surety), are held and firmly bound unto the United States of America and other claimants for damages and removal cost liability under the Oil Pollution Act of 1990, 33 U.S.C. § 2701 *et seq.* (hereinafter called Act), in the sum of \$ _____, for which payment, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, under the terms and conditions of Part 553 of Title 30 of the Code of Federal Regulations. This bond is hereby provided on behalf of the Responsible Parties to comply with the requirements of 33 U.S.C. § 2716(c) and is offered to satisfy any claim made under OPA.
NAME OF SURETY COMPANY STATE AMOUNT
 4. The liability of the Surety will not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments will amount in the aggregate to the penalty of the bond. In no event will the Surety's obligation hereunder exceed the amount of the penalty, provided the Surety furnishes timely written notice to the Bureau of Ocean Energy Management (BOEM) oil spill financial responsibility (OSRP) program of all claims filed, judgments rendered, and payments made by the Surety under this bond.
 5. This bond is effective the _____ day of _____, _____, 12:01 a.m., Eastern Standard Time
NUMBER MONTH YEAR
- as stated herein and will continue in force until terminated as hereinafter provided. The Surety may at any time terminate this bond 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 surety bond will remain in force and the undersigned will remain liable until termination on the earlier of: (1) thirty calendar days after BOEM and the Designated Applicant receive a notification of an intent to cancel this Surety Bond; (2) BOEM receives other acceptable OSFR evidence from the Designated Applicant; or (3) all the COFs to which this Surety Bond applies have been permanently abandoned either in compliance with 30 CFR part 250 or equivalent state requirements. The Surety will not be liable in connection with an incident occurring after the termination of this bond as herein provided; but termination will not affect the liability of the Surety in connection with an incident occurring before the termination becomes effective.
6. The undersigned 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 Surety for claims up to the amount of the penalty 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.
 7. The undersigned further agrees not to use any defense except those that would be available to a Responsible Party for whom the Surety 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 Surety Bond.

8. The undersigned further agrees that the Responsible Party, pursuant to the requirements of 30 CFR 553.15, will 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 3 above.

9. The Designated Applicant must, no later than the first calendar day of the fifth month after the close of your Financial Guarantor's fiscal year or termination if earlier, submit either a renewal of this Surety Bond or other acceptable evidence of financial responsibility.

10. In witness whereof, the Designated Applicant and the Surety have executed this instrument on the _____ day of _____, _____.
MONTH YEAR

Designated Applicant:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME OF AUTHORIZED REPRESENTATIVE

TITLE OF AUTHORIZED REPRESENTATIVE

Surety:

COMPANY NAME

ADDRESS

CITY STATE ZIP CODE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME OF AUTHORIZED REPRESENTATIVE

TITLE OF AUTHORIZED REPRESENTATIVE

FINANCIAL GUARANTEE

**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 Responsible Parties, identified in form(s) BOEM-1017 on file or attached, and _____,
NAME OF ENTITY
a _____ created under the laws of _____,
TYPE OF ENTITY STATE

and authorized to do business in the United States, as Guarantor, (hereinafter called Guarantor), agree to be jointly and severally liable to the United States of America and other claimants for damages and removal costs under the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.* (hereinafter called OPA), in the sum indicated in section 4, for which payment our heirs, executors, administrators, successors, and assigns will also be liable, under the terms and conditions of Title 30 part 553 of the Code of Federal Regulations (CFR).

This Guarantee is hereby provided on behalf of the Responsible Parties to comply with the requirements of 33 U.S.C. 2716(c) and is offered to satisfy any claim made under OPA.

3. For the purpose of this application, the undersigned is acting in the capacity of a Financial Guarantor in accordance with the requirements of 30 CFR 553.32.

4. The amount of coverage for which evidence of oil spill financial responsibility (OSFR) is being established is:

\$

5. This coverage is effective: _____ and expires on the first calendar day of the fifth month after the
DATE
close of the Financial Guarantor's fiscal year, which ends: _____.

6. The Financial Guarantor may at any time give notice of intent to cancel this Guarantee by written notice 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 above or until the earlier of: (1) thirty calendar days after Bureau of Ocean Energy Management (BOEM) and the Designated Applicant receive from the instrument issuer a notification of intent to cancel; (2) BOEM receives other acceptable OSFR evidence from your Designated Applicant; or (3) all the COFs to which the instrument applies are permanently abandoned in compliance with 30 CFR Part 250 or equivalent state requirements. The undersigned agrees that termination of this instrument will not affect the liability of the Financial Guarantor for claims arising 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 Guarantee.

The undersigned agrees that any suit or claim for which any 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 Financial Guarantor for claims up to the amount of the penalty asserted by the U.S. government or 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.

The undersigned further agrees not to use any defenses except those that would be available to a Responsible Party for whom the Guarantee was provided or that the incident (i.e., oil discharge or a substantial threat of the discharge of oil) leading to the claim for removal costs or damages was caused by willful misconduct of a Responsible Party for whom the Designated Applicant demonstrated OSFR.

7. Financial Guarantor providing evidence of oil spill financial responsibility in the form of a Guarantee.

_____		_____	
COMPANY LEGAL NAME		BOEM COMPANY NUMBER	

ADDRESS			
_____		_____	_____
CITY		STATE	ZIP CODE
_____		_____	
CONTACT PERSON FOR CLAIMS		CONTACT PERSON'S TITLE	
_____		_____	_____
AREA CODE AND TELEPHONE NUMBER		AREA CODE AND FAX NUMBER	E-MAIL ADDRESS

8. The undersigned, as an Authorized Representative of the above-named Financial Guarantor, certifies on behalf of the Financial Guarantor that the requirements set forth in 30 CFR Part 553, and specifically §§ 553.20, 553.23-28, 553.30 and 553.40 have been met, and further agrees that, the Financial Guarantor, pursuant to the requirements of 30 CFR 553.15, will notify the BOEM oil spill financial responsibility program in the event that the Financial Guarantor is no longer able to maintain evidence of oil spill financial responsibility to the extent stated in section 4 above.

_____	_____
NAME	SIGNATURE
_____	_____
TITLE	DATE

9. The Financial Guarantor's U.S. Agent for Service of Process is:

_____		_____	
NAME		BOEM COMPANY NUMBER	

ADDRESS			
_____		_____	_____
CITY		STATE	ZIP CODE
_____		_____	_____
AREA CODE AND TELEPHONE NUMBER		AREA CODE AND FAX NUMBER	E-MAIL ADDRESS

INDEPENDENT DESIGNATED APPLICANT INFORMATION CERTIFICATION

**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)

This form is intended for use by Designated Applicants that are not also Responsible Parties,
as defined in BOEM Regulations at 30 CFR part 553.

1. Designated Applicant: _____

_____	_____	
COMPANY LEGAL NAME	BOEM COMPANY NUMBER	
_____	_____	
ADDRESS	BOEM COMPANY REGION	
_____	_____	
CITY	STATE	ZIP CODE
_____	()	_____
CONTACT PERSON	AREA CODE AND TELEPHONE NUMBER	
_____	()	_____
CONTACT PERSON'S TITLE	AREA CODE AND FAX NUMBER	
_____	_____	_____
		E-MAIL ADDRESS

2. Summary of Evidence of Oil Spill Financial Responsibility:

As an Authorized Representative of the Designated Applicant, I explicitly agree that the Designated Applicant will be jointly and severally liable for claims, under the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*, with the Responsible Parties for the covered offshore facilities covered by this certification.

_____	_____
NAME OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT	SIGNATURE
_____	_____
TITLE OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT	DATE

