



STATE OF ALASKA
Department of Environmental Conservation
Division of Spill Prevention & Response
410 Willoughby Ave., Suite 105
Juneau, Alaska 99801-1795



FINANCIAL RESPONSIBILITY APPLICATION & CHECKLIST
FOR OPERATORS AND OWNERS OF
NON-TANK VESSELS (Exceeding 400 GT)

Application is hereby made for demonstration of financial responsibility in accordance with AS 46.04.040, AS 46.04.055 and 18 AAC 75 Article 2.

Section A. General Information - Applicant

1. Legal name of applicant (include English equivalent of legal name if customarily written in a language other than English):

2. Trade Name (name generally known to the public):

3. Applicant's complete mailing address (street number, post office box, city, state or county and zip code), telephone number and facsimile number including area and city codes), email address.

Telephone number:

Facsimile number:

Name, address, phone & fax numbers and e-mail of the person the Department of Environmental Conservation should contact if necessary to clarify application

4. Type of business entity (i.e. sole proprietor, corporation, partnership):

5. If corporation, provide date of incorporation and state or foreign country of incorporation:

6. If a partnership, state the name of each general partner:

7. If a subsidiary, provide the following information:
 - a. Name of parent corporation:
 - b. Date of incorporation
 - c. State or foreign country incorporated:

8. Has applicant or parent corporation ever been named as debtor in a voluntary or involuntary bankruptcy proceeding under Title 11 (Bankruptcy), United States Code or similar non-U.S. statute? (If yes explain on a separate sheet.) Yes _____ No _____

9. Address of applicant's principal office in the U.S., if any:

10. Name and street address (not P.O. box) where the certificate(s) should be delivered, and

Telephone number _____

Facsimile number _____

Section B. Vessel Information. (If this application applies to more than one vessel, list information for each vessel on separate sheets if necessary)

1. Registered name of vessel, flag, registry number, radio call sign, Lloyd's Register number:
 - a. Vessel name
 - b. Flag
 - c. Registry number
 - d. Radio call sign
 - e. Lloyd's registry number
 - f. Type of vessel (dry cargo, bulk carrier, container ship, reefer, passenger, fishing processor, etc)
 - g. Gross registered tonnage
 - h. Total oil storage capacity of the vessel by oil type. See 33 CFR 155.1020.
 - i. Persistent _____ barrels
 - ii. Non-persistent _____ barrels
 - iii. **Total** _____ barrels
2. Name, mailing address, telephone number, and facsimile number of owner of each vessel.

Telephone number:

Facsimile number:

3. Name, mailing address, telephone number and facsimile number of person(s) operating or having primary operational control of the vessel
4. United States Coast Guard "Vessel Certificate of Financial Responsibility (Water Pollution)" numbers(s) and expiration date(s):

Please state the method (i.e. self-insurance, insurance, surety bond, financial guaranty etc), amount, AND name of the entity providing your federal financial responsibility coverage required by the Oil Pollution Act of 1990 (OPA-90).

SECTION C

The applicant has various options in demonstrating financial responsibility. These options are self-insurance, insurance, surety bond, guaranty, letter of credit or other proof of financial responsibility approved by the Department. This checklist will assist the applicant to satisfy the Department requirements for any option. The options are listed on the reverse side with a regulation reference under 18 AAC 75 Article 2 where further information may be found. Please check the appropriate spaces to indicate the evidence of financial responsibility you are enclosing along with this application and of your understanding of the various requirements.

PLEASE CHECK APPROPRIATE SPACES TO INDICATE WHAT EVIDENCE OF FINANCIAL RESPONSIBILITY IS BEING SUBMITTED

1. OTHER PROOF OF FINANCIAL RESPONSIBILITY FOR NON-TANK VESSELS.

Reference - AS 46.04.055

- a. Contract of indemnity or insurance that meets requirements of AS 46.04.055 is enclosed. This does not require insurer to be subject to direct court action or does not agree to appoint an agent for service of process.
- b. A certificate of enrollment for each non-tank vessel in an acceptable P&I club is enclosed and includes all addenda pertaining to the amount and applicability of oil pollution cover and amount of deductibles.
- c. Certificate of Deposit for deductible, or other financial information is enclosed. Describe here:

2. SELF-INSURANCE

Reference - 18 AAC 75.245

- a. Annual audited financial statement certified by an independent certified public accountant is enclosed.
- b. Quarterly affidavit attesting to net worth and working capital, or liquid assets and cash flow (as defined in this section) is enclosed.
- c. The most recent United States Security and Exchange Commission Form 10 K is enclosed.
- d. The most recent United States Security and Exchange Commission Form 10 Q is enclosed.
- e. The most recent Federal Energy Regulatory Commission Form 6 is enclosed.

3. INSURANCE

Reference - 18 AAC 75.250

- a. Insurer is authorized to sell insurance in the State or is not disapproved to sell insurance by the State.
- b. Binder or insurance certificate enclosed, to be followed in 90 days by the underlying insurance policy.
- c. Copy of the current insurance policy is enclosed.
- d. Deductible clause in the policy will be met by another form of proof. (These other forms must be indicated on this checklist.)
- e. Policy, binder or certificate includes the endorsement required under 18 AAC 75.250(b).
- f. Direct action and an agent for service of process are provided.

4. SURETY BOND

Reference - 18 AAC 75.255

- a. DEC Surety Bond Form A is enclosed.
- b. Surety Bond is in the full amount required under AS 46.04.040, AS 46.04.055 or 18 AAC 75.235.
- c. Surety Bond is in an amount less than required under AS 46.04.040, AS 46.04.055 or 18 AAC 75.235, but is being supplemented with other proof of financial responsibility to equal the full amount required. (These other forms must be indicated on this checklist.)
- d. Direct action and an agent for service of process are provided.
- e. Surety issuer is registered in the State and possesses a certificate of authority to do business in the United States.
- f. Surety issuer possesses sufficient underwriting limitation.

5. GUARANTY

Reference - 18 AAC 75.260

- a. DEC Guaranty Form B is enclosed.
- b. Requirements under 18 AAC 75.245 are met and individually indicated by checking the applicable spaces in the self-insurance Section A (above).
- c. Direct action and an agent for service of process are provided.

6. LETTERS OF CREDIT

Reference - 18 AAC 75.265

- a. Letter of Credit is enclosed.
- b. Letter of Credit is in the full amount required under AS 46.04.040, AS 46.04.055 or 18 AAC 75.235.
- c. Letter of Credit is in an amount less than required under AS 46.04.040, AS 46.04.055 or 18 AAC 75.235, but is supplemented with another form of proof to equal the full amount. (These other forms must be indicated on this checklist.)
- d. An agent for service of process is provided.
- e. Letter of credit is issued by a financial institution that has authority to do so and is regulated and examined by state and federal banking agencies.

SECTION D. (Must be completed by all applicants).

I hereby swear or affirm that I am the applicant/a principal of the applicant/authorized agent*/ or official of the applicant, and have the authority to sign this application on behalf of the applicant. I declare under penalty of perjury that I have examined this application, including all accompanying schedules and statements, and to the best of my knowledge, information and belief, find it to be true, correct and complete.

Signature _____ Typed name and title _____
State of _____ County of _____

Before me, the undersigned authority, a Notary Public in and for said State and County, on this day personally appeared _____, known to me to be the person and officer whose name is subscribed to the foregoing instrument and acknowledged to me that the same was the act of said _____, and that said person executed the same as the act of such business for the purposes and consideration therein expressed and in the capacity therein stated.
GIVEN UNDER MY HAND AND SEAL OF OFFICE, on this _____ day of _____, 200_____.

(Notary Seal here)

Notary Public in and for the County of _____ and the State of _____
My commission expires _____

SECTION E. DELEGATION OF AUTHORITY BY THE APPLICANT

*(Must be Completed by the applicant named in section A, item 1 if the above declaration has been executed by an agent acting on behalf of the applicant.)

I, _____ (name of the applicant from Section A, item 1) hereby declares that _____ (name of authorized agent whose signature appears in section D) is authorized to submit this application for Approval of Proof of Financial Responsibility under AS 46.04.055 on the applicant's behalf.

Date: _____

Signature _____

Title or Official Capacity _____

ECM/HUDSON MARITIME SERVICES, LLC.
64 Danbury Road, Wilton, CT 06897
Telephone: +203.761.6030 Fax: +203.761.6085

Alaska Nontank Vessel COFR Questionnaire

Please complete this form and return via fax or email. Please type or print.

Section A – Alaska Nontank Vessel COFR Applicant Corporation Information:

The corporation information requested below must be provided for the applicant company. The applicant for the Alaska Non Tank Vessel COFR must also provide the Delegation of Authority letter on company letterhead.

<p>1. Applicant Information:</p> <p style="margin-left: 20px;">A. Name of Applicant Company & Type of business entity (i.e., sole proprietor, corporation, partnership):</p> <p style="margin-left: 20px;">B. Trade Name (name generally known to public):</p> <p style="margin-left: 20px;">C. Mailing Address:</p> <p style="margin-left: 20px;">D. Telephone Number:</p> <p style="margin-left: 20px;">E. Fax number:</p> <p style="margin-left: 20px;">F. E-mail Address:</p>
<p>2. If a corporation, provide the following:</p> <p style="margin-left: 20px;">A. Date of Incorporation:</p> <p style="margin-left: 20px;">B. Country in which incorporated:</p>
<p>3. If a partnership, state the name of each general partner:</p>
<p>4. If a subsidiary, provide the following information:</p> <p style="margin-left: 20px;">A. Name of parent corporation:</p> <p style="margin-left: 20px;">B. Date of incorporation:</p> <p style="margin-left: 20px;">C. Country in which incorporated (If U.S., name of state):</p>
<p>5. Has the applicant or parent corporation ever declared bankruptcy in the U.S. (If yes, please explain on a separate sheet.)</p> <p style="margin-left: 20px;">Yes No</p>
<p>6. Please state the method (i.e., self-insurance, insurance, surety bond, financial guaranty, etc.), AND name of the entity (i.e., Shoreline, SIGCO, ARVAK, etc.) providing your federal financial responsibility coverage required by the Oil Pollution Act of 1990 (USCG COFR).</p>
<p>7. Provide a copy of the complete P&I Certificate of Entry that includes all addenda pertaining to the amount and applicability of oil pollution cover and amount of deductibles.</p>

ECM/HUDSON MARITIME SERVICES, LLC.

**Section B – Alaska Nontank Vessel COFR:
Delegation of Authority By The Applicant**

The following section of the COFR Application must be completed if ECM/Hudson Maritime Services, LLC is to file the application on your behalf.

SECTION E. DELEGATION OF AUTHORITY BY THE APPLICANT

I, _____(name of the applicant from Section A, item 1), hereby declares that Michael Minogue or Scott May or Renée Bowen or Chris Gregory or Thomas Flis or Eric Virostek or Ryan Brunelle of ECM/Hudson Maritime Services, LLC is authorized to submit this application for Approval of Proof of Financial Responsibility under AS 46.04.055 on the applicant's behalf.

Date

Signature

Title or Official Capacity

Section C – Vessel Information

Use a separate sheet for each vessel

1 - Vessel Particulars:

Name:			
Country of Registry:			
Call Sign:			
Official Number:			
IMO Number:			
Lloyd's ID Number:			
OPA 90 COFR No. & Expiration Date:	Number:	Expiration Date:	
Vessel Type:			
Total Storage Capacity of vessel by oil type:			
i. Persistent	m3 (100%)	bbls	
ii. Non-persistent	m3 (100%)	bbls	
iii. Total	m3 (100%)	bbls	

2 - Registered Owner Information:

Company Name:	
Address:	
Telephone:	
24-Hour Telephone:	
Fax I:	
Fax II:	
Telex:	
Cable:	
Email:	

3 - Operator/Manger Information:

If the operator/manager is different from the above Owner Information, please complete. If the information is the same, indicate by printing "Same" in the space next to "Company Name".

Company Name:	
Address:	
Telephone:	
24-Hour Telephone:	
Fax I:	
Fax II:	
Telex:	
Cable:	
Email:	