



Washington State  
**Department of Ecology**  
Spill Prevention, Preparedness, and Response Program  
P.O. Box 47600, Olympia, WA 98504-7600  
Office Phone: (360) 407-7455  
Fax: (360) 407-7288 or toll free 1-800-664-9184

## **Proof of Financial Responsibility Chapter 173-187 WAC Certificate of Insurance Form**

Policy Number:
Endorsement (if applicable):
Period of Coverage (current policy period):
Policy Retroactive Date:
Name of Insurer or Risk Retention Group:
Address of Insurer or Risk Retention Group:
Name of Insured:
Address of Insured:

### **Certification:**

\_\_\_\_\_ (insurer or group) as identified above, hereby certifies that it has issued insurance covering the following facility(ies) or vessel and owner/operator<sup>1</sup>:

<sup>1</sup> Enter each facility or vessel, including identifying description, VIN, or official number/International Maritime Organization (IMO) and the name(s) and address(es) of the facility(ies) or vessel owner/operator

For the cleanup costs and damages of oil pollution claims and the unlawful discharge of oil caused by an oil spill to the navigable waters of Washington State; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy, including the following unique policy details arising from operating the facility(ies) or vessel(s) identified above. If coverage is different for different facilities, locations, or vessels, indicate below the type of coverage applicable to each facility, location or vessel:

List the limits of liability and deductible or self-insured retention amounts exclusive of legal defense costs, which are subject to a separate limit under the policy<sup>2</sup>:

<sup>2</sup> Enter the dollar amount of the “each occurrence” and “annual aggregate” limits of the Insurer’s or Group’s liability and deductible amount; if the amount of coverage is different for different types of coverage or for different facilities or locations or vessels, indicate the amount of coverage for each type and coverage and/or for each facility or location or vessel exclusive of legal defense costs, which are subject to a separate limit under the policy.

This coverage is provided under  
effective date of said policy is

(policy number). The

The Insurer or Group further certifies the following with respect to the insurance described in Paragraph 1:

a. Bankruptcy or insolvency of the insured does not relieve the Insurer or Group of its obligations under the policy to which this certificate applies.

b. The Insurer or Group is liable for the payment of amounts within any deductible applicable to the policy to the provider of remedial action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer or Group. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in Chapter 173-187 WAC.

c. Whenever requested by the Washington State Department of Ecology (Ecology), the Insurer or Group agrees to furnish Ecology a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the Insurer or Group, except for nonpayment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 30 calendar days after a copy of such written notice is received by the insured. Cancellation for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 calendar days after a copy of such notice is received by the insured.

I hereby certify that the wording of this instrument is identical to the wording provided in Ecology's Proof of Financial Responsibility Certificate of Insurance Form and that the Insurer or Group is authorized to sell insurance in Washington under a certificate of authority issued by the Washington State Insurance Commissioner or an eligible licensed surplus line broker.

---

Signature of authorized representative of insurer

---

Date

---

Print Name

---

Title

**Submitting Party Information**

Company Name:	
Contact Name:	
Address:	
Phone Number:	Fax Number:
Email:	Website:

**Additional Submitting Party Information (If Needed)**

Company Name:	
Contact Name:	
Address:	
Phone Number:	Fax Number:
Email:	Website: