

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

Chief Financial Officer Letter Agreement Form

I am the		
of (name of facility or ve	ssel or grantor)	
This letter is in support o	of the use of Choose an item.	to
demonstrate financial re and the unlawful discha Washington State in the	esponsibility for costs and damages rge of oil caused by an oil spill to th	ne navigable waters of .¹
(name of facility or vesse	el):	
	has not received an adverse opin cern" qualification from an indeper the latest completed fiscal year.	
The financial test provide financial inform	we will use to demonstrate proof of ation for one test):	of self-insurance is (only
Test I □		
Test II □		
	_	

¹ Calculation of financial responsibility is the worst-case spill volume multiplied by \$12,500 per barrel or the maximum of \$300,000,000 arising from operating the regulated facility(ies) or vessel(s).

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Test I

1.	Ratio of total liabilities to net worth - enter the following from current audited		
	financial statements: (Please indicate in the financial statements where these figures		
	are located, either by highlighting or placing a check mark.)	<u> </u>	
a.	Total liabilities	\$_	
b.	Net worth (equity)	\$_	
c.	Total Liabilities divided by Net Worth (a divided by b; must be less than 1.5) (OR 2.)		
2.	Ratio of cash flows to total liabilities		
a.	Cash and cash equivalents at year or quarter end	\$_	
b.	\$20,000,000	\$_	20,000,000
c.	Sum of cash and cash equivalents minus \$20,000,000 (a minus b)	\$_	
d.	Total liabilities	\$	
e.	Sum of cash and cash equivalents minus \$20,000,000 divided by total liabilities (c divided by d; must be greater than 0.1)		
3.	Worldwide owner's equity minus intangible assets (i.e., tangible net worth) greater than \$20,000,000 plus the two times the amount of required self-insurance		
a.	Worldwide owner's equity	\$	
b.	Minus intangible assets	\$	
c.	Total worldwide owner's equity minus intangible assets (i.e., tangible net worth) (a minus b)	\$_	
d.	Two times the amount of required self-insurance	\$	
e.	\$20,000,000	\$	20,000,000
f.	Total of two times the amount of required self-insurance plus \$20,000,000 (d plus e)	\$	<u> </u>
g.	Tangible net worth minus two times the required self-insurance plus \$20,000,000 (c minus f)	\$_	
4.	United States assets, not including assets that are petroleum inventory that may be affected by an oil spill from a facility covered by the self-insurance, equal to or greater than 90 percent of total assets or at least two times the amount of required self-insurance.		
a.	Amount of total assets located in the United States (Please submit a separate auditor's	\$	
	statement to support this number if total assets located in the United States is a		
	different value than total assets in the annual audited financial statements or Form 10K		
	as filed with the United States Securities and Exchange Commission.)		
b.		\$	
c.	Total US assets less petroleum inventory (a minus b)	\$	
d.	Total assets	\$	

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e.	Total US assets less petroleum inventory divided by total assets (must be over 90%) (c divided by d) (OR f.)	
f.	Total US assets less petroleum inventory (a minus b)	\$
g.	Two times the amount of required self-insurance	\$
h.	Total US assets less petroleum inventory minus two times the amount of required self-	\$
	insurance (f minus g; must be positive)	

Test II

1.	Current credit rating (BBB- stable or better from Standard and Poor's, Baa or better by Moody's, or commercial paper rate of A1, A2 or the equivalent) (Please attach a copy	
	of the/your most recent rating letter)	
2.	Worldwide owner's equity minus intangible assets (i.e., tangible net worth) greater than \$20,000,000 plus two times the amount of required self-insurance	
a.	Worldwide owner's equity	\$
b.	Minus intangible assets	\$
c.	Total worldwide owner's equity minus intangible assets (i.e., tangible net worth) (a minus b)	\$
d.	Two times the amount of required self-insurance	\$
e.	\$20,000,000	\$20,000,000
f.	Two times the total amount of required self-insurance plus \$20,000,000 (d plus e)	\$
g.	Tangible net worth minus two times the amount of required self-insurance plus \$20,000,000 (c minus f)	\$
3.	United States assets, not including assets that are petroleum inventory that may be affected by an oil spill from a facility covered by the self-insurance, equal to or greater than 90 percent of total assets or at least two times the amount of required self-insurance.	
a.	Amount of total assets located in the United States (Please submit a separate auditor's statement to support this number if total assets located in the United States is a different value than total assets in the annual audited financial statements or Form 10K as filed with the United States Securities and Exchange Commission.)	\$
b.	Amount of petroleum inventory	\$
c.	Total US assets less petroleum inventory (a minus b)	\$
d.	Total assets	\$
e.	Total US assets less petroleum inventory divided by total assets (must be over 90%) (c divided by d) (OR f.)	
f.	Total US assets less petroleum inventory (a minus b)	\$
g.	Two times the amount of required self-insurance	\$
h.	Total US assets less petroleum inventory minus two times the amount of required self-insurance (f minus g; must be positive)	\$

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I understand that Ecology must be notified of a significant change that affects our company's proof of financial responsibility within seven calendar days after becoming aware of such change. Significant changes include, but are not limited to:

- a change in ownership or operational control;
- a method of demonstrating financial responsibility will be terminated or any coverage thereunder will cease;
- the financial responsibility coverage amount must be changed or adjusted.

I hereby certify that the wording of this letter is identical to the wording provided in Ecology's Proof of Financial Responsibility Chief Financial Officer Letter Agreement Form on the date shown immediately below.

Authorized Signature	Date
Print Name	
Title	

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Authorized Signature	Date	
Print Name		
T01		
Title		
Submitting Party Information		
Company Name:		
Contact Name:		
Address:		
Phone Number:	Fax Number:	
Email:	Website:	
Additional Submitting Party Infor	mation (If Needed)	
Company Name:		
Contact Name:		
Address:		
Phone Number:	Fax Number:	
Email:	Website:	

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To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6831 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.