State of Oregon
DEQ Department of Environmental Quality

Form 1: Application & Checklist

Check one: (check box) New Application (check box) Application for Renewal | Date of Certification | Date of Certificate Expiration

Applicant: (fillable line)

Role of Applicant (check all that apply): Lease Holder | Owner | Operator | Person(s) with Primary Operational Control | Parent company

Facility Information:

Name	Street Address/Location

Line A: Choose one of the following

Total facility volumetric (shell) capacity (barrels) x 0.475	

- OR -

Yearly maximum quantity handled (barrels) for prior 3 years, averaged	$\frac{(Year\ 1)\ +(Year\ 2)+(Year\ 3)}{3}$

Line B: Facility amount of spill-related liability (Line A x $12,500):	
Line C: Multiply by the seismic risk factor (Line B x 1.0)	
Line D: Multiply by the material type coefficient (Line C x 1.0)	
Line E: Multiply by the environmental sensitivity coefficient (Line D x 1.0)	
Line F: Total financial responsibility amount (If Line C < $300,000,000, enter that number. If Line C ≥ $300,000,000, enter $300,000,000):	

The applicant has various options in demonstrating proof of financial responsibility. These include self-insurance, insurance, surety bond, guarantee, letter of credit or other proof of financial responsibility approved by DEQ. The following checklist ensures that the applicant has completed their application and has met State of Oregon requirements for any option. References to the regulations under OAR 340-300-0010 containing specifications for each financial responsibility option are listed. Refer to the regulations for detailed information. Please check the appropriate spaces to indicate what evidence of financial responsibility you are submitting to complete this application, and of your acknowledgement and understanding of the various requirements.

For additional information, see the DEQ COFR website (link). For specific references to regulations, see the adopted rules (link)

This application is considered incomplete until appropriate spaces (below) have been checked, the application certification has been signed and dated, and all associated evidence of financial responsibility has been received by DEQ.

Please select the method of financial assurance. Check the subsequent boxes for verification that the required documentation for each method of financial assurance is included (where applicable).

A. **INSURANCE**

(BOX) Insurer is authorized to sell insurance in the State or is not disapproved to sell insurance by the State.

(BOX) DEQ COFR Certificate of Insurance form(s) enclosed including the underlying insurance policy.

(BOX) Copy of the current insurance policy is enclosed.

(BOX) Policy, binder or certificate includes the DEQ COFR Insurance Endorsement form as required under OAR 340-300-0010(2).

(BOX) A coverage summary which identifies all applicable limits, sub-limits, exclusions, and conditions of insurance policies.

(BOX) A matrix, schedule, list, or other such supporting documents identifying each insurer, coverage layer, attachment point, aggregate limit and sublimit as applicable.

B. **SELF INSURANCE**

(BOX) DEQ COFR Proof of Financial Responsibility Chief Financial Officer Agreement Form is enclosed.

(BOX) Annual audited financial statement certified by an independent public accountant is enclosed.

(BOX) Quarterly affidavit attesting to net worth and working capital (as defined in OAR 340-300-0010(3)) is enclosed.

(BOX) DEQ COFR Guarantee Form is enclosed.

(BOX) DEQ COFR Standy Trust Agreement for is enclosed.

C. **SURETY BOND**

(BOX) DEQ COFR Surety Bond Form is enclosed.

(BOX) DEQ COFR Standy Trust Agreement for is enclosed.

(BOX) Surety Bond is in the full amount required under OAR 340-300-0009.

(BOX) Surety Bond is in an amount less than required under OAR 340-300-0009 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.)

(BOX) Surety issuer is registered in the State and possesses a certificate of authority to do business in the United States.

(BOX) Surety issuer possesses sufficient underwriting limitation.

D. **GUARANTEE**

(BOX) DEQ COFR Guarantee Form is enclosed.

(BOX) DEQ COFR Proof of Financial Responsibility Chief Financial Officer Agreement Form is enclosed.

(BOX) DEQ COFR Standy Trust Agreement for is enclosed.

(BOX) Requirements under OAR 340-300-0010(3) are met and indicated by checking the applicable spaces in Section A, SELF INSURANCE (above).

E. **LETTER OF CREDIT**

(BOX) DEQ COFR Letter of Credit Form is enclosed.

(BOX) DEQ COFR Standy Trust Agreement for is enclosed.

(BOX) Letter of Credit is in the full amount required under OAR 340-300-0009.

(BOX) Letter of Credit is in an amount less than required under OAR 340-300-0009 but is supplemented with another form of proof to equal the full amount. (These other forms must be indicated on this checklist.)

(BOX) 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.

F. **CERTIFICATE OF DEPOSIT**

(BOX) DEQ COFR Certificate of Deposit Form is enclosed.

(BOX) DEQ COFR Standy Trust Agreement for is enclosed.

(BOX) (Optional) Certificate of deposit is in the full amount required under OAR 340-300-0009.

(BOX) (Optional) Certificate of deposit is in an amount less than required under OAR 340-300-0009 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.)

(BOX) The financial institution holding the certificate of deposit is authorized to do so and is a member of the Federal Deposit Insurance Corporation or National Credit Union Administration.

G. **OTHER PROOF OF FINANCIAL ASSURANCE NOT LISTED HERE**

(fillable section)

Certification and Attestation

I, (fillable section) am the owner, operator, or authorized representative of the owner or operator*, and have the authority to sign this application on behalf of the owner or operator. I DECLARE under penalty of perjury that I have examined this application, including all accompanying schedules statements, and forms and to the best of my knowledge, information, and belief, find it to be true, correct, and complete. Furthermore, it is agreed that the owner or operator named in the application is the responsible party in the event of an oil spill.

I acknowledge that I must notify DEQ of a significant change that affects the 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 acknowledge that I must notify DEQ of a spill or release in Oregon or in another jurisdiction consistent with OAR Chapter 340, Division 141 and OAR Chapter 340, Division 142.

I execute this declaration in my capacity as the owner, operator, or authorized representative of the owner or operator, as evidenced by the delegation of authority, provided below.

_____(Signature of owner or operator)_____ | _____(Date)_____

_____(Printed name)_____

_____(Title)_____

*If this Attestation Form is signed by an authorized representative of the owner or operator, the owner or operator must complete and sign the Delegation of Authority Form.

Submitting Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Responsible Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, sexual orientation, gender identity, or marital status in the administration of its programs and activities. For translations or alternate formats, visit DEQ's Civil Rights and Environmental Justice page.