

# OPA 90/OIL POLLUTION LIABILITY SUPPLEMENT

## GENERAL INFORMATION

1. Name insured:	
2. Owner:	
3. Operator:	

## OPA 90/OIL POLLUTION COVERAGE

	Name of Vessel	Year Built	GRT	Construction	Type of Vessel	Hull Value
4.						

5. Limit requested:	
6. Navigation limits:	
7. Are vessels classified as tank vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does insured tow tank vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If you answered "Yes" to question 8 or 9, complete the following section for each vessel.*

9. Cargo carried by tank vessels: <i>(Please describe)</i>	<input type="checkbox"/> Oil, refined or dirty <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Other    Describe: _____
10. Vessel capacity:	Barrels: _____ Gallons: _____
11. Vessel construction:	Double Hull: _____    Double Sides Only: _____ Single Hull: _____    Double Bottom Only: _____
12. Last survey date:	
13. U.S.C.G. Certificate of Inspection expiration date:	

I/we hereby declare that the above information is true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

**APPLICABLE IN FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**LIG Marine Managers**

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