

Certificate of insurance application form for regulated offshore installations

Last updated: June 2020

About this form

Use this form to apply for a first or subsequent certificate of insurance for a regulated offshore installation operating in New Zealand continental waters. Certificates of insurance provide evidence of owners holding insurance or another form of financial assurance that will cover costs of well control, clean up and potential damage caused by an oil spill.

How to complete this form

You need to read and understand all of the information on this form (including the explanatory notes on page 8) and also Subpart 2 of Marine Protection Rules Part 102, *Certificates of Insurance*, and the guidelines on that Part (*Certificates of insurance for regulated offshore installations*).

Then, please provide all of the information requested in this application form, and complete and sign the declaration

Note

Marine Protection Rules Part 102 gives effect to national requirements for owners of offshore installations in New Zealand continental waters to hold insurance for potential liability for the costs of cleaning up oil pollution and oil pollution damage. The basis for Part 102 is found in sections 363, 363A, 385H, 386, 387, and 390 of the Maritime Transport Act 1994. Part 102 can be found on Maritime NZ's website.

maritimenz.govt.nz/rules

1. Installation and owner details

1.1 Installation details

Full name of installation
(if applicable)

Distinctive number or
letters (if applicable)

Location of installation

1.2 Owner/Joint venture party details

Owner / company
name

Contact person

Phone
(day time)
Eg +64 1 234-5678

Mobile phone
Eg +64 21 123-4567

Email address

Postal address

City and country

Post code

Physical address
for service
(must be in New Zealand)

Preferred means of
contact (tick only one) Email Post Phone

Is this application for a joint venture installation?

Yes

No

If YES, who are the joint venture parties and what percentage share do they hold?

Joint venture party	% share

Is this a joint application of joint venture parties?

Yes

No

- If YES:

- please complete copies of page 2 for each additional owner or joint venture party and attach them to your application
- please identify here who the overall contact person is for the application:

The overall contact person is:

- If NO:

- if it is the first application for a certificate of insurance for the joint venture, please ensure that each additional owner or joint venture party submits an application and their insurance policies (or certificates for which recognition is sought) at the same time.

2. Insurance details

2.1 Insurer details

If this is a joint application of joint venture parties, please complete copies of this page for each additional owner or joint venture party.

Owner or joint venture party	<input type="text"/>
Insurer name	<input type="text"/>
Postal address	<input type="text"/> <input type="text"/>
City and country	<input type="text"/>
Post code	<input type="text"/>
Insurer's financial rating	<input type="text"/> <small>Eg. AAA, B+</small>

2.2 Insurance cover details

Period insured for	Start date	<input type="text"/> <small>DD / MM / YYYY</small>	End date	<input type="text"/> <small>DD / MM / YYYY</small>
Sum insured for (\$NZD)	<input type="text"/>			
Does this meet the amount of cover required under Marine Protection Rule Part 102?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the sum insured a combined single limit including well control costs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, how much of this is for well control costs? (\$NZD)	<input type="text"/>			

3. Fees and payment

3.1 Application fee

There is a fee for your application. It is charged at an hourly rate. Refer to the Maritime NZ website for more information about fees. maritimenz.govt.nz/fees

3.2 Invoice

You will be invoiced once we have processed your application. A reference number and instructions explaining how to pay will be sent with the invoice.

Joint venture parties will receive separate invoices for a portion of the application fee relative to the percentage of interest the party has in the installation, plus fees for assessment of their documents.

Please provide below the name(s) and address(es) of all parties to be invoiced. Please make copies of this page if there are more than three joint venture parties.

Invoice details for owner or first joint venture party

Name on the invoice	<input type="text"/>		
Organisation	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
City and country	<input type="text"/>	Post code	<input type="text"/>
Purchase Order Number	<input type="text"/>		

Invoice details for any second joint venture party

Name on the invoice	<input type="text"/>		
Organisation	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
City and country	<input type="text"/>	Post code	<input type="text"/>
Purchase Order Number	<input type="text"/>		

Invoice details for any third joint venture party

Name on the invoice	<input type="text"/>		
Organisation	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
City and country	<input type="text"/>	Post code	<input type="text"/>
Purchase Order Number	<input type="text"/>		

4. Declaration

The appropriate person(s) must complete this section.

The number of authorised people required to sign this declaration depends on the requirements of your operation. Print and complete extra pages if required.

Authorised person's name

Position title

Company

By ticking this box, you (the above named person) agree that the details provided on this form are true and correct. You also agree that any papers sent with this form are true and genuine and were given and signed by the persons whose names appear on them.

Your signature below indicates that you authorise us to:

1. use any of the personal information you have provided on this form for maritime safety purposes, or to further our lawful activities
2. disclose this information to any division of Maritime NZ, our agents, contractors, or any other person where such disclosure is necessary to further the purposes, activities or objectives specified in 1 above.

We will keep the information secure and only disclose it in the manner stated above. You are entitled to see and correct the personal information you provided on this form.

Your signature

Date

DD / MM / YYYY

Caution: Providing false information or failing to disclose information relevant to the granting or holding of a maritime document is an offence under section 406 of the Maritime Transport Act. The penalty for this offence is imprisonment for a term of up to 12 months or a fine of up to NZ\$10,000 for an individual, or a fine of up to \$50,000 for a body corporate.

5. What to send with your application and where to send it

To support this application, you will need to provide the following. We also recommend you provide any suggested additional information discussed in the guidance for Marine Protection Rules Part 102.

If you are applying for the first certificate of insurance for an installation

- A copy of your insurer's contract/certificate of insurance
- A copy of the policy wording
- Proof of your insurer's financial rating.

If you are applying for a subsequent certificate of insurance for an installation

- EITHER:
 - a copy of your insurer's contract/certificate of insurance OR
 - a memorandum from your broker confirming the period for which you have retained your insurance and that its amount of coverage and terms and conditions have not changed since Maritime NZ last approved it, AND
- proof of your insurer's financial rating, AND
- if the panel of insurers liable to provide cover under your policies has changed from the panel reviewed and approved to date, details of the new panel of insurer.

In all cases

- relevant information required under Marine Protection Rules 102.8(c) and 102.8A(2).

Send your completed application form, and all supporting information, to Maritime NZ by email, courier or post.

Sending your application by email is preferred. Remember to sign the *Declaration* section of the form before scanning and attaching it to the email along with other documents required. Make sure the scanned copies of your form and documents are legible and of a good quality.

Email your application to:

operators@maritimenz.govt.nz

Or

Courier your application to:

Certification
Maritime New Zealand
1 Grey Street
Wellington 6011
NEW ZEALAND

Or

Post your application to:

Certification
Maritime New Zealand
PO Box 25620
Wellington 6140
NEW ZEALAND

6. Explanatory notes

- A. Owners of offshore installations are required to hold public liability insurance to meet their potential liabilities under the Maritime Transport Act 1994.
- B. A certificate of insurance provides evidence that there is a contract of insurance or other financial assurance in place to cover the owner's potential liabilities for oil pollution damage and gives a direct right of action against the party providing the insurance or other financial assurance.
- C. You need to provide evidence of the insurer's financial strength rating that is given by an approved rating agency, for example Standard & Poor's or AM Best.

Privacy information

Personal information collected in this form will be used for the purpose of assessing the application for approval to amend a maritime transport operator plan, and for maintaining Maritime NZ's records in relation to maritime transport operations. Maritime NZ will not disclose personal information other than when permitted or required by law.

If you wish to access or correct personal information Maritime NZ holds about you, please contact the Maritime NZ Privacy Officer at PO Box 25620, Wellington 6140 or by phoning +64 4 473 0111.