CONFIRMATION OF INSURANCE

**Named Insured:** Click here to enter text

**Period from:** Klikk her for å skrive inn en dato.

**Period to:** Klikk her for å skrive inn en dato.

[ ] **Physical loss or damage to installations**

Coverage: Click here to enter text

Deductible(s) (100 %): Click here to enter text

Insured with: Click here to enter text

**[ ] Removal of wreck**

Coverage: Click here to enter text

Deductible (100 %): Click here to enter text

Insured with: Click here to enter text

**[ ] Cost of well control**

Coverage: Click here to enter text

Sum insured per well (100 %): Click here to enter text

Deductible (100 %): Klikk her for å skrive inn tekst.

Insured with: Click here to enter text

**[ ] Third party liability**

Coverage: Click here to enter text

Sum insured for interest: Click here to enter text

Deductible (100 %): Click here to enter text

Insured with: Click here to enter text

**[ ] Insurance of personnel**

Coverage: Click here to enter text

Insured with: Click here to enter text

**Place:** Click here to enter text

**Date:** Click here to enter

**Signature broker/insurance company:**