

### **Verification of Insurance Coverage**

I declare, as the legal representative of **[company name]**, under penalty of perjury under the laws of the United States of America, that all monitors and/or observers provided by **[company name]** will be covered by the type and level of insurance as required by 50 CFR Part 648.11(h)(3)(vii) during their period of employment (including during training). I further declare that, as required under § 648.11(h)(3)(vii), copies of the insurance policies shall be provided to observers or monitors to display to the vessel owner, operator, or vessel manager, when requested.

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Print Full Name

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Signature

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Print Company Name

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Date

OMB Control No. 0648-0674 Expires: 02/28/2023