

Issued to:

ANNEX II

Name of Insurer

Address of Insurer

PRICE CAP ATTESTATION FOR RUSSIAN ORIGIN OIL AND/OR PETROLEUM PRODUCTS

1. The Assured represents and warrants that for any provision of services related to the maritime transportation of Russian origin oil or Petroleum Products by any party entitled to cover such transportation has been, is, and will be in compliance with the price cap policy administered and enforced by the governments of the United Kingdom, the United States, the European Union and its Member States, including their allies and partners such as Japan and Norway. The Assured represents and warrants that it has not taken and will not take any action with the effect or purpose of evading, circumventing, or attempting to violate the price cap policy.
2. The Assured shall provide to Eagle Ocean Marine (EOM) information and documentation related to compliance with the price cap policy, including any relevant attestation and/or proof of reporting provided by a Tier 1 or Tier 2 actor, as quickly as practicable upon request and in no case later than five business days of the request.
3. In the event the Assured becomes aware of circumstances that provide reasonable cause to suspect that it may have been or may be involved in any activity contrary to the price cap policy, the Assured shall immediately notify EOM of such circumstances. EOM may notify relevant authorities of information that provides a reasonable cause to suspect that a violation of the price cap policy has taken place.
4. EOM shall not indemnify an Assured against any liabilities, costs or expenses where the provision of cover, the payment of any claim, or the provision of any benefit in respect of those liabilities, may expose EOM to risk of violation of the price cap policy. In the event EOM determines that a violation of the price cap policy has taken place, EOM may immediately terminate the policy and will have no liability whatsoever under the policy beyond what is permitted by applicable law.
5. The Assured and EOM will retain the executed version of this attestation for five years.

Policy Number(s) or other reference

Insured name

Insured address

Represented by (name)

Position of representative

Signature

Date of signature

