



**RAILROAD COMMISSION OF TEXAS**

Oversight and Safety Division  
Alternative Fuels Safety Department

**LNG FORM**

**2996B**

**STATEMENT IN LIEU OF INSURANCE FILING  
CERTIFYING WORKERS' COMPENSATION COVERAGE,  
INCLUDING EMPLOYER'S LIABILITY INSURANCE OR  
ALTERNATIVE ACCIDENT/HEALTH INSURANCE**

*Please Type or Print*

I, \_\_\_\_\_, effective \_\_\_\_\_ hereby state that none  
(Name of licensee company/applicant) (effective date)

of my employees perform LNG-related activities in Texas as described in the Texas Natural Resources Code, the *Regulations for Liquefied Natural Gas*. I am filing this statement in lieu of insurance.

The applicant states that prior to employing or using any person in LNG-related activities in Texas that require insurance under the provisions of the Texas Natural Resources Code, the *Regulations for Liquefied Natural Gas*, the applicant or licensee will procure the insurance required and will submit proof of such insurance to Alternative Fuels Safety.

I declare, under penalties in Section 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out on behalf of the Company named above, and have the authority to bind the Company, that this form was prepared by me or under my supervision and direction; and that the statements are true, correct and complete to the best of my knowledge.

THE STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Authorized Company Representative)

\_\_\_\_\_  
(Signature of Company's Authorized Representative)

\_\_\_\_\_  
(Signature date)

( ) \_\_\_\_\_  
(Telephone Number)

( ) \_\_\_\_\_  
(Fax Number)

Return to:  
Railroad Commission of Texas  
Alternative Fuels Safety  
P.O. Box 12967  
Austin, Texas 78711-2967  
(800) 64-CLEAR  
Fax: (512) 463-7292  
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