DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT SEAFOOD COMPENSATION PROGRAM CLAIM FORM (YELLOW FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

DEEPWATER HORIZON SETTLEMENT SEAFOOD COMPENSATION PROGRAM CLAIM FORM (YELLOW FORM)

To make a Seafood Compensation Program Claim under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010 (the "Spill"), you must complete and submit this Claim Form and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before the Bar Date, which is 30 days from the date of entry of the Final Order and Judgment of the Court ruling on the Settlement. The filing deadline for the Seafood Compensation Program Claim Form is earlier than all other damage types in the Settlement. The hearing for Final Approval of the Settlement is scheduled for November 8, 2012.

The Seafood Compensation Program is for individuals or businesses who satisfy the definition of a Commercial Fisherman, Seafood Boat Captain, Seafood Crew, Oyster Leaseholder, and/or Seafood Vessel Owner or Lessee as defined in Exhibit 3 of the Settlement and who seek losses or damages arising out of their commercial fishing related activities. All economic loss claims relating to Seafood by a Commercial Fisherman, Seafood Boat Captain, Seafood Crew, Oyster Leaseholder, and/or Seafood Vessel Owner or Lessee must be brought in the Seafood Compensation Program. A single Claimant may be eligible to receive compensation for multiple claim types for different Seafood species and his or her roles in the commercial fishing industry.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Seafood Compensation Program Claim Form (Yellow Form)," which contains detailed instructions for completing and submitting this Claim Form, helpful definitions, and the list of Supporting Documentation required to prove your claim.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. The online claim process will guide you through only the specific questions you need to answer and will instruct you about the specific Supporting Documentation you must submit based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit a claim online.

If you do not have access to the internet, you may visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 6 of the Seafood Instructions Booklet lists all the Claimant Assistance Centers.

in person. Section of the Secretary Instructions Bookiet lists all the Stainfall Assistance Senters.							
A. Claimant Information							
Provide the following information about the Natural Person or Business who is filing this Seafood Compensation Program Claim.							
Name of Natural Person or Business: Last Name or Full Name of Business Person or Business:	Last Name or Full Name of Business		Middle Initial				
Social Security Number: or Individual Taxpayer Identification Number: or Employer Identification Number:	SSN or ITIN	- - -					

3. Claimant Number: If you previously filed a claim with the Gulf Coast Claims Facility ("GCCF"), you will keep that same seven-digit Claimant Number in the Deepwater Horizon Settlement Program. Check the box at the right called "GCCF Claimant Number" and provide that seven-digit Claimant Number.	GCCF Claimant Number:					
If you did not file a claim with the GCCF, you will receive a new Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. If you have already received your new Settlement Program Claimant Number, check the box called "Deepwater Horizon Settlement Program Claimant Number" and provide that nine-digit Claimant Number. If you do not yet have a Claimant Number, leave this	OR Deepwater Horizon Settlement Program Claimant Number:					
question blank. B. Information Required for	or a Seafood Program Claim					
· · · · · · · · · · · · · · · · · · ·	<u> </u>					
The Seafood Compensation Program is for Commercial Fishermen, Seafood Boat Captains, Seafood Crew, Oyster Leaseholders, and Seafood Vessel Owners or Lessees with economic loss claims relating to Seafood. All economic loss or damage claims by such claimants relating to Seafood must be brought in the Seafood Compensation Program. You may qualify for multiple claim categories within this Claim Form. For example, if you are a Vessel Owner or Lessee, you may also be the Boat Captain and you may commercially fish for different species each year. If you come across a term in this Claim Form that you do not understand, refer to the definitions in Section 2 of the Seafood Instructions Booklet.						
If you are seeking compensation as a Seafood Crew member,	an to Section H					
	pat Captain for one or more Seafood species, then check the					
☐ Shrimp (Go to Section C, Page 2) ☐ Oyster (Go to Section D, Page 7) ☐ Blue Crab (Go to Section E, Page 10) ☐ Other Seafood (Go to Section F, Page 14) ☐ Finfish (Go to Section G, Page 17)						
Menhaden Claims: Claims relating to menhaden (or "pogy") fishing, processing, selling, catching, or harvesting are not recognized or released under the Settlement. Because such claims are not part of the Settlement, do not submit this or any other Claim Form for any such claims.						
C. Shrimp Com	pensation Plan					
· · ·	ring the period April 20, 2010, through December 31, 2010, a Seafood Crew member, go to Section H of this Claim Form.					
I am making this claim as a:	Vessel Lessee					

I. SHRIMP VESSEL OWNERS AND LESSEES								
	I am making this claim as a Vessel Owner and/or a Vessel Lessee. Vessel Owners and Vessel Lessees may choose different Benchmark Periods and Compensation Methods for each vessel that performed commercial shrimping activities.							
 Identify all vessels that you owned or leased that performed commercial shrimping activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy and fill out this Section I for as many shrimping vessels as necessary and attach each copied page to the end of this Claim Form. 								
(a) Vessel Information:								
Vessel Name Registration # State Federal	Hull ID	Vessel Length Vessel Type Ice Freezer N/A						
(b) Indicate whether you are the Owner or Lessee of the vessel:	☐ Owner	Lessee						
(c) If you are the Owner, did you lease the vessel to another party?	Yes	□No						
(d) If you did lease the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010: Identify the payment terms (e.g., monthly rent and/or percentage of revenue): Identify the payment terms (e.g., monthly rent and/or percentage of revenue):								
(e) If you did lease the vessel to anoth	ner party, identify the lessee(s):							
(f) Identify the Boat Captain for this vessel:	 I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009. I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below: 							
(g) Select a Benchmark Period for this vessel:	☐ 2009 ☐ 2008 and 2009 ☐ 2007, 2008, and 2009							
	The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here:							
	☐ Claims Administrator Selected							
Seafood Compensation Program Claim Form		Page 3						

(h) If applicable, inc and applicable y could not shrim level of effort du	ear(s) that you				Years 		
(i) Select a Compensation Plan Method:	Reduced Ex New Entrar Historical R The Claims Admithe Compensateven if that differ pick your Compenselect your best	nistrator will ion Plan Mers from the Constitution Plan	your recovery base hod you select abo ead would like the here:	n you submit to determine ed on that information, ove. If you do not wish to Claims Administrator to			
a government I expired) that anyour vessel to construct shrimp in Specifor the 2009 or (k) Indicate the House this vessel between 2010, and April (I) Indicate where	uthorized you or ommercially fied Gulf Waters 2010 season? me Port(s) for veen April 20, 16, 2012:	☐ Yes ☐ No License #					
April 20, 2009, 2012: (m) Indicate the type	oe of proof of hings for shrimp ur selected	☐ Trip tickets (or their equivalents) AND/OR ☐ Tax records or other financial statements that contain proof of shrimp landings					
		II. SH	RIMP BOAT CAPTAIN	NS			
I am making this claim as a Boat Captain for one or more vessels that performed commercial shrimping activities. Boat Captains may choose only one Benchmark Period and Compensation Method for all vessels that performed commercial shrimping activities. 2. Identify all vessels on which you were employed or scheduled to be employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.							
(a) Vessel One							
Vessel Name	Registration #		Hull ID	Vessel Length	Vessel Type Ice Freezer N/A		

Indicate the owner vessel:	of the								
Provide the Home P this vessel between 2010, and April 16,	April 20,								
(b) Vessel Two									
Vessel Name		Registration	#	Hull ID		Vessel Length		Vessel Type	
		Sta						☐ Ice ☐ Freezer ☐ N/A	
Indicate the owner vessel:	of the								
Provide the Home P vessel between Apr 2010, and April 16,	il 20,								
(c) Vessel Three									
Vessel Name		Registration 7	#	Hull ID		Vessel Length		Vessel Type	
								☐ Ice	
		Stat						Freezer	
		Stat	е					□ N/A	
Indicate the owner	of the	Feder	al						
vessel:	or the								
Provide the Home P	ort for								
this vessel between	•								
2010, and April 16,				I					
As of April 20, government li						Yes		lo	
authorized yo	u to opera	ite as a Boa	nt						
Captain and/o Specified Gulf				License #					
season?	watersic			Select the lice	ensing a	uthority:	□s	tate	ral
4. Indicate wher	re your	Landing Cour	ity/Parish and	State:					
vessel(s) prim	narily								
landed shrimp between April									
2009, and April									
2012:	•								
5. Provide the	Name:	•							
Provide the following	Vessel N	ame(s):							
information	Period of								
about your employer:	Employn								
omployer.		Employer Contact Information:							

6.	Select a Benchmark Period for all vessels for which you were the Boat Captain:	□ 2009 □ 2008 and 2009 □ 2007, 2008, and 2009 The Claims Administrator will review all the documents and information y submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator select your best Benchmark Period, check here: □ Claims Administrator Selected Benchmark Period.				
7.	If applicable, indicate the reason and applicable year(s) that you could not shrimp at the same level of effort during 2007-2009:	Reason Years Illness Disability Major Mechanical Failure Other:				
8.	Select a Compensation Plan Method for all vessels for which you were the Boat Captain:	Expedited Compensation Method Reduced Expedited Compensation Method New Entrant Compensation Method (answer Question 11) Historical Revenue Method The Claims Administrator will review all the documents and information you submit to determine the Compensation Plan Method that maximizes your recovery based on that information, even if that differs from the Compensation Plan Method you select above. If you do not wish to pick your Compensation Plan Method at all and instead would like the Claims Administrator to select your best Compensation Plan Method, check here: Claims Administrator Selected Compensation Method.				
9.	Indicate the type of proof of revenue or earnings for shrimp landings for your selected Benchmark Periods:	 □ Trip tickets (or their equivalents) AND/OR □ Tax records or other financial statements that contain proof of shrimp landings 				
	III. NEW E	ENTRANTS TO SHRIMPING INDUSTRY				
10. If you are making this claim as a New Entrant Vessel Owner/Lessee to shrimping, indicate the following: I have a vessel longer than 30 feet with at least \$25,000 in expenditures the year before the Spill. I have a vessel less than 30 feet with at least \$6,000 in expenditures the year before the Spill.						
11	If you are a New Entrant Boat Captain to shrimping, did you have a written employment agreement on or before April 20, 2010, that was rescinded or withdrawn?	☐ Yes ☐ No				

D. OYSTER COMPENSATION PLAN								
	If you seek losses under the Oyster Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section D. If you are a Seafood Crew member, go to Section H of this Claim Form.							
I an	n making this cla	aim as a:						
□ Leaseholder □ Leasehold Lost Income □ Combined Harvester and Leasehold □ Vessel Owner □ Vessel Lessee □ Boat Captain								
				I. OYSTER	LEASE	HOLDERS		
	I am claiming	as an Oys	ster Leaseholder	for damage	to my	leasehold interests.		
	 Identify all oyster leaseholds for which you are making a claim between April 20, 2010, and December 31, 2010. If you need more space to identify your oyster leases, copy and fill out this page for as many leases as you may have and attach each copied page to the end of this Claim Form. 							
	Lease Number	Zone	Acreage	Did other persons be you harves oysters from this lease between 20 and 2009?	t m	Identify those persons		
1.				Yes	☐ No			
2.				Yes	☐ No			
3.				Yes	☐ No			
4.				Yes	☐ No			
5.				Yes	☐ No			
6.				Yes	☐ No			
7.				Yes	☐ No			
8.				Yes	☐ No			
9.				Yes	☐ No			
10.				Yes	☐ No			
		H. L	OST INCOME FO	R ANY OYST	ER LEA	SEHOLDER/NON-HARVESTER		
	I am making a claim for lost income from my oyster leasehold interests identified above in Section I because I lost income from persons who harvested oysters from my leases. You must provide proof establishing revenue from these leases during the Benchmark Period and provide your contracts or agreements with those persons.							

III. OYSTER VESSEL OWNERS AND LESSEES						
I am making a claim as a	an Oyster Ves	ssel Owner and/c	or a Vessel Lesse	ee.		
between April 20, 2010,	and Decemb syster-harves	er 31, 2010. If yo sting vessels as n	ou have earning	cial oyster harvesting activities s on more than one vessel, copy this er the following questions, and		
(a) Vessel Information:						
Vessel Name	Registration # State Federal		Hull ID	Vessel Length		
(b) Indicate whether you are vessel:	e the Owner o	or Lessee of the	☐ Owner	Lessee		
(c) If you are the Owner, did another party?	l you lease th	ne vessel to	Yes	□No		
(d) If you leased the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010: Identify the payment terms (e.g., monthly rent and/or percentage of revenue):						
(e) If you did lease the vessel to another party, identify the lessee(s):						
2007, and (f) Identify the Boat Captain for this			ecember 31, 20 e sole Boat Capt	for this vessel between January 1, 09. Tain between January 1, 2007, and the names of any other captains		
(g) Indicate the type of proof of revenue or earnings for oyster landings for the Benchmark Period: ☐ Trip tickets (or their equivalents) AND/OR ☐ Tax records or other financial statements that contain proof oyster landings						
(h) If applicable, indicate the and applicable year(s) th could not harvest oysters same level of effort durin 2009:	nat you s at the	Reason Years Illness Disability Major Mechanical Failure Other:				

 (i) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel to commercially harvest oysters in Specified Gulf Waters for the 2009 or 2010 season? (j) Indicate where this vessel primarily 		☐ Yes ☐ No License # Select the licensing authority: ☐ State ☐ Federal arish and State:				
landed oysters in 2009 or 2010:						
		IV. OYSTER	BOAT CAPTAINS			
I am making a claim as harvesting activities.	s a Boat Captai	n for one or n	nore vessels that performed	commercial oyster		
3. Identify all vessels on whave earnings on more necessary, and attach earnings.	than three ves	ssels, copy an	s a Boat Captain during the I d fill out this page for as ma of this Claim Form.	Benchmark Period. If you ny additional vessels as		
(a) Vessel One						
Vessel Name	Registration # State Federal		Hull ID	Vessel Length		
Indicate the owner of the vessel:						
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:						
(b) Vessel Two Vessel Name	Registration #		Hull ID	Vessel Length		
	State					
Indicate the owner of the vessel:	Federal					
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:						
(c) Vessel Three						
Vessel Name	Registration # State Federal		Hull ID	Vessel Length		
Indicate the owner of the vessel:						

this vess	the Home Posel between nd April 16, 2	April 20,					
4. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially harvest oysters in		License #	es	□No			
	ecified Gulf			Selecting the licensing authori	ty:	State	☐ Federal
		Name:					
follo	ovide the lowing	Vessel N	lame(s):				
abo	ormation out your ployer:	Period o					
	. 3	Employe Informa	er Contact ition:				
reve land	dicate the ty enue or ear dings for the riod:	rnings for	oyster	☐ Trip tickets (or their equival AND/OR☐ Tax records or other finance oyster landings			nat contain proof of
7. If applicable, indicate the reason and applicable year(s) that you could not harvest oysters at the same level of effort during 2007-2009:		Reason Illness Disability Major Mechanical Failure Other:		_ _ _ _	Years		
8. Indicate where you primarily landed oysters in 2009 or 2010:				Landing County/Parish and State:			
			V. COMBI	NED OYSTER HARVESTER AND L	EASE	HOLDER	
				eased a vessel previously identifi and December 31, 2010.	ed in	Section III	that I used for oyster
inde	eceived revolependent he Benchmar	arvesters		☐ Ye	S	□No	
oys	nade payme ster leaseho nchmark Pe	olders for	•	☐ Ye	S	□No	
			E. BL	UE CRAB COMPENSATION	PLAI	V	
				pensation Plan during the period Apri ion E. If you are a Seafood Crew me			
I am ma	aking this cla	im as a:					
☐ Vessel Owner ☐ Vessel Lessee ☐ Boat Captain							
			I. BL	UE CRAB VESSEL OWNERS AND	LESS	SEES	
Cho	I am making a claim as a Vessel Owner and/or a Vessel Lessee. Vessel Owners and Vessel Lessees may choose different Benchmark Periods for each vessel that performed commercial blue crab harvesting activities.						

1. Identify all vessels that you owned or leased that performed commercial blue crab harvesting activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy this Section I for as many crabbing vessels as necessary, answer the following questions, and attach each copied page to this Claim Form.							
(a) Vessel Information:							
Vessel Name	Registration #		Hull ID	Vessel	Length		
	Sta	 nte					
	For	 deral					
(b) Indicate whether you			□ Overnor		Птосос		
the vessel:			☐ Owner		Lessee		
(c) If you are the Owner, another party?	did you lea	ase the vessel to	☐ Yes		☐ No		
(d) If you leased the vess provide the annual am lease payments for the agreement in effect or 20, 2010: (e) If you did lease the vesses the vesses payments for the agreement in effect or 20, 2010:	nount of e n April		rms (e.g., monthly rent and	or percentage of re	evenue):		
(f) Identify the Boat Capt	☐ I was the sole Boat Captain for this vessel between January 1, 2007 and December 31, 2009. (f) Identify the Boat Captain for ☐ I was not the sole Boat Captain between January 1, 2007, and						
this vessel:		December 31, 2009. Provide the names of any other captains below:					
☐ 2009 ☐ 2008 and 2009 ☐ 2007, 2008, and 2009 ☐ 2007, 2008 and 2009 ☐ 2007, 2008, and 2009 ☐ 2007, and 2008,							
reason and applicable that you could not cra	reason and applicable year(s) that you could not crab at the same level of effort during Reason Illness Disability Major Mecha		nical Failure		Years:		
(i) As of April 20, 2010, d hold a government lice (even if expired) that authorized you or you	ense r vessel	License #	☐ Yes	□ No			
Seafood Compensation Program C	Claim Form				Page 11		

to commercially crab in Specified Gulf Waters for the 2009 or 2010 season?		Select the licensing authority:		☐ Federal			
(j) Indicate the Home Por vessel between April 2 and April 16, 2012:		County/Parish:		State:			
(k) Indicate where this ve primarily landed blue of between April 20, 2009 April 16, 2012:	crabs	Landing County/Parish a	Landing County/Parish and State:				
(I) Indicate the type of pr revenue or earnings fo crab landings for your Benchmark Period:	r blue	AND/OR			that contain proof of		
		II. BLUE CRA	B BOAT CAPTAINS				
I am making a claim as activities. Boat Captai commercial blue crabb	ins may ch	noose only one Ben			commercial blue crabbing s that performed		
2. Identify all vessels on which you were employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form. (a) Vessel One							
Vessel Name		ate deral	Hull ID		Vessel Length		
Indicate the owner of the vessel:							
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012: (b) Vessel Two							
Vessel Name		ate ederal	Hull ID		Vessel Length		
Indicate the owner of the vessel:							
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:							

(c) Vessel Three						
Vessel Name	Registration	#		Hull ID		Vessel Length
		tate	_			
		idio				
	ŀ	ederal				
Indicate the owner of the vessel:						
Provide the Home Port for						
this vessel between April 20, 2010, and April 16,						
20, 2010, and April 10, 2012:						
3. As of April 20, 2010, di	d you ho	ld a		_		_
government license (ev		,		☐ Ye	es 🗆] No
that authorized you to Boat Captain and/or to	•		cense#			
crab in the Specified G			Cerise # .			
the 2009 or 2010 seaso		S	elect the	licensing authority:	: St	ate 🗌 Federal
4. Indicate where your ve			nding County	y/Parish and State:		
primarily landed blue of April 20, 2009, and April 20						
Αρι ΙΙ 20, 2007, απα Αρι						
	Name:					
5. Provide the following	Vessel	Name(s):				
information about	Period					
your employer:		yment:				
	Emplo: Contact					
	Inform					
		2009		_		
			and 200, 2008, a			
		2007	, 2006, a	11u 2009		
6. Select a Benchmark Per	iod for	The Claim	s Adminis	trator will review all th	ne documei	nts and information you submit
all vessels for which you	ı were					es your recovery based on that
the Boat Captain:						Reriod you select above. If If and instead would like the
				r to select your best B		
				_		
		∐ Claim		strator Selected Ber	nchmark I	
7. If applicable, indicate t		☐ Illnes		ison		Years
reason and applicable that you could not crat		Disab				
same level of effort du		☐ Majo	^r Mechan	ical Failure		
2007-2009:		☐ Othei	·:			
8. Indicate the type of pro	oof of	☐ Trip t	ickets (o	r their equivalents)		
revenue or earnings fo		AND/O)R	·		
crab landings for your	. mi o -l -			other financial sta	tements t	that contain proof of
selected Benchmark Pe	erioas:	crab	andings			

F. OT	HER SEAFOOI	D COMPENSATION PLAN	
If you seek losses under the Other Seafo 2010, complete all applicable questions in Form.			
I am making this claim as a:			
☐ Vessel Owi	ner	el Lessee 🔲 Boat Captain	
1. 0	THER SEAFOOD	VESSEL OWNERS AND LESSEE	S
I am making a claim as a Vessel choose different Benchmark Per activities.			9
Identify all vessels that you own and December 31, 2010. If you las many seafood harvesting vess.	have earnings or	n more than one vessel, copy a	and fill out this Section I for
(a) Vessel Information			V. Handb
Vessel Name Registration #		Hull ID	Vessel Length
	deral		
(b) Indicate whether you are the Ov of the vessel:	ner or Lessee	☐ Owner	Lessee
(c) If you are the Owner, did you leat to another party?	ase the vessel	☐ Yes	□No
(d) If you leased the vessel, provide amount of lease payments for th in effect on April 20, 2010:	e agreement	Identify the payment terms (e.g., monthly	y rent and/or percentage of revenue):
(e) If you did lease the vessel to and	other party, iden	itify the lessee(s):	
(f) Identify the Boat Captain for this vessel:	and Decemb	ole Boat Captain for this vessel ber 31, 2009. ne sole Boat Captain between J 31, 2009. Provide the names o	lanuary 1, 2007, and
(g) Select a Benchmark Period for this vessel:	submit to determ on that informati above. If you do like the Claims A		maximizes your recovery based enchmark Period you select Period at all and instead would enchmark Period, check here:

(h)	If applicable, indicate	the	Rea	ason		Years
, ,	reason and applicable	year(s)	Illness			
	that you could not har		☐ Disability	teel Eeller		
	Seafood at the same le		☐ Major Mechar☐ Other:	nicai Fallure		
	effort during 2007-200	J9:	Stone Crab			
			Spiny Lobster			
(i)	Identify the species th		Clams			
	the basis of your claim	1:	Other:			
				(description	n)	
(j)	As of April 20, 2010, d					
	hold a government lice (even if expired) that	ense			Yes	□ No
	authorized you or your	r vessel				
	to operate in Specified		License #			
	Waters for the 2009 or season?		Select the licensi	ng authority:		State Federal
(k)	Indicate the Home Por	t for	County/Parish:		State:	
` ,	this vessel between Ap					
	2010, and April 16, 20	12:	Landing County/Davide	and Chaha		
(1)	Indicate where this ve		Landing County/Parish a	nu state:		
	primarily landed seafo					
	between April 20, 2009 April 16, 2012:	9, and				
(m)		roof of	Trin tipleate (e		alamta)	.
(111)) Indicate the type of p revenue or earnings fo		Trip tickets (d	n their equiva	aients))
	seafood landings for ye			r other financ	cial sta	atements that contain proof of
	selected Benchmark P		other seafood			
			II. OTHER SEAF	OOD BOAT C	APTAII	NS
	I am making a claim a	s a Boat C	aptain for one or r	nore vessels	that pe	erformed commercial seafood
					nmark	Period for all vessels that
	performed commercia					
2.						ring your selected Benchmark
						l out this page for as many
(-)	additional vessels as n	iecessai y,	and attach each co	ppied page to	the er	Id Of this Claim Form.
, ,	Vessel One	Registration #		Hull ID		Vessel Length
• 0000		rregion anon n				Long.
		Sta	nte			
		Fede				
Ind	icate the owner of the	. 54	7. 4.			
ves						
Pro	vide the Home Port for					
	vessel between April					
	2010, and April 16,					
201	2:					

(b) Vessel Two					
Vessel Name	Registration #	Hull I	D	Vesse	el Length
	State				
	State				
	Federal				
Indicate the owner vessel:	of the				
Provide the Home P this vessel between 20, 2010, and April 2012:	April				
(c) Vessel Three					
Vessel Name	Registration #	Hull I	D	Vesse	el Length
	State				
	Federal				
Indicate the owner vessel:	of the				
Provide the Home P	ort for				
this vessel between					
20, 2010, and April 2012:	16,				
	2010, did you hold				
	license (even if		☐ Yes	☐ No	
	authorized you to				
	Boat Captain and/or	License #			_
	Ily fish in Specified for the 2009 or 2010	Select the licensin	ng authority.	State	☐ Federal
season?	01 1110 2007 01 2010	Sciect the neersh	ig datriority.	State	
		Landing County/Parish ar	nd State:		
4. Indicate wher					
	ed seafood between , and April 16, 2012:				
, , , , , , , , , , , , , , , , , , , ,	, 4114 / 101 10, 2012.				
		Stone Crab			
	pecies that are the	Spiny Lobster Clams			
basis of your	claim:	Other:			
			(description)		
	Name:				
6. Provide the	-				
following	Vessel Name(s):				
information	Period of				
about your	Employment:				
employer:	Employer Contact				
	Information:				

7. Select a Benchmark Perio vessels	d for all	The Claims Adr submit to deter based on that select above. instead would Period, check h	ninistrator will review ministrator will review mine the Benchmarl formation, even if the found of the control	k Period t at differs fi bick your B strator to s	uments and information you hat maximizes your recovery rom the Benchmark Period you enchmark Period at all and select your best Benchmark
8. If applicable, indicate the	reason	Rea		u benchin	Years:
and applicable year(s) the could not harvest seafood same level of effort durin 2009:	at you d at the	☐ Illness ☐ Disability	chanical Failure		——————————————————————————————————————
9. Indicate the type of proof	fof	□:	n tialcata (an thair a	au ilualant	٥)
revenue or earnings for o			p tickets (or their e D/OR	quivaient	S)
seafood landings for your Benchmark Period:	selected		x records or other fi oof of other seafood		tatements that contain
	G. F	•	PENSATION PLA	<u> </u>	
If you seek losses under the Finfi	ish Compens	sation Plan durin	g the period April 20,	2010, thro	ugh December 31, 2010,
complete all applicable questions Do not complete this section finfish, fill out the appropriate car	in this Sect for any los	ion G. If you are sses related to	a Seafood Crew mem	nber, go to	Section H of this Claim Form.
I am making this claim as a:					
Vessel Owner] Vessel Le	ssee 🗌 Bo	oat Captain 🔲	Individua	al Fishing Quota Shares
	I. F	INFISH VESSE	L OWNERS AND LES	SSEES	
1. Identify all vessels that y	ou owned	and/or leased	that performed com	nmercial f	infishing activities
between April 20, 2010, a fill out this Section I for a end of this Claim Form.					e than one vessel, copy and n each copied page to the
(a) Vessel Information:					
Vessel Name Re	gistration #		Hull ID		Vessel Length
	State				
(b) Indicate whether you are	Federal	r or Losson of			
the vessel:	the Owne	i oi Lessee oi	☐ Owner		Lessee
(c) If you are the Owner, did another party?	you lease	the vessel to	Yes		□No
(d) If you leased the vessel, provide the annual amous of lease payments for the agreement in effect on April 20, 2010:	nt	the payment terms (e.g., monthly rent and/or po	ercentage of I	revenue):

(e) If you did lease the vessel to	another	party, identify the lessee(s):		
(f) Identify the Boat Captain for this vessel:	Dece	s the sole Boat Captain for this ve ember 31, 2009. Is not the sole Boat Captain betwe 2009. Provide the names of any o	en January 1	, 2007, and December
(g) Select a Benchmark Period fo vessel:	or this	☐ 2009 ☐ 2008 and 2009 ☐ 2007, 2008, and 2009 The Claims Administrator will review submit to determine the Benchman based on that information, even if the you select above. If you do not wis and instead would like the Claims Are Benchmark Period, check here:	rk Period that hat differs from h to pick your dministrator to	maximizes your recovery n the Benchmark Period Benchmark Period at all select your best
(h) If applicable, indicate the rea and applicable year(s) that y could not fish at the same le effort during 2007-2009:	ou	Reason Illness Disability Major Mechanical Failure Other:		Years:
 (i) As of April 20, 2010, did you government license (even if expired) that authorized you vessel to commercially finfish Specified Gulf Waters for the or 2010 season? (j) Indicate the Home Port for the vessel between April 20, 201 	or your h in 2009 his	☐ Yes License # Select the licensing authority: County/Parish:	☐ No ☐ State State:	— Federal
April 16, 2012: (k) Indicate where this vessel properties that the landed finfish between April 2009, and April 16, 2012:	_	Landing County/Parish and State:		
(I) Indicate the type of proof of revenue or earnings for finfis landings for your selected Benchmark Periods:		☐ Trip tickets (or their equival AND/OR ☐ Tax records or other financial finfish landings	·	s that contain proof of
		II. FINFISH BOAT CAPTAINS		
	y choose	n for one or more vessels that per only one Benchmark Period for a		

Identify all vessels on Period. If you have ea additional vessels as n	rnings on mo	ore than three v	vessel(s), copy an	d fill out this	s page for as many
(a) Vessel One			<u> </u>		
Vessel Name	Registration # State Federal		Hull ID		Vessel Length
Indicate the owner of the ves					
Provide the Home Port for thi between April 20, 2010, and a 2012:	April 16,				
Vessel Name	Registration # State Federal		Hull ID		Vessel Length
Indicate the owner of the ves					
Provide the Home Port for thi between April 20, 2010, and a 2012:					
Vessel Name	Registration # State Federal		Hull ID		Vessel Length
Provide the Home Port for thi between April 20, 2010, and 2012:	s vessel				
3. As of April 20, 2010, d a government license expired) that authorize operate as a Boat Capt to commercially finfish Specified Gulf Waters 2009 or 2010 season?	(even if ed you to tain and/or in in for the		ensing authority:		o
4. Indicate where your ventoring primarily landed finfish April 20, 2009, and Ap 2012:	essel(s) h between	Landing County/Par	ish and State:		

	Name:		
Provide the	Vessel Name:		
information about your employer:	Period of Employment:		
	Contact		
		2009 2008 and 2009 2007, 2008, and 2009 The Claims Administrator will review all	
Select a Benchi vessels:	mark Period for all	based on that information, even if that select above. If you do not wish to pic instead would like the Claims Administr Period, check here:	differs from the Benchmark Period you sk your Benchmark Period at all and rator to select your best Benchmark
		Claims Administrator Selected I	Benchmark Period. Years
and applicable could not fish a	year(s) that you It the same level	☐ Illness ☐ Disability ☐ Major Mechanical Failure ☐ Other:	——————————————————————————————————————
revenue or eari seafood landing	nings for other gs for your	☐ Trip tickets (or their equivalent AND/OR ☐ Tax records or other financial s finfish landings	ts) statements that contain proof of
	111.	INDIVIDUAL FISHING QUOTA SHA	ARES
I am making a	a claim for losses to	my Individual Fishing Quota (IFQ) s	shares.
dentify the qua	antity of IFQ shares	you owned by species as of April 20	, 2010:
	☐ Red Sna ☐ Gag Gro ☐ Red Gro ☐ Deep W ☐ Shallow	apper ouper ouper /ater Grouper	
	following information about your employer: Select a Benchroessels: If applicable, ir and applicable could not fish a of effort during Indicate the type revenue or earn seafood landing selected Benchroesels: I am making a selected benchroesels.	Provide the following information about your employer: Select a Benchmark Period for all vessels: If applicable, indicate the reason and applicable year(s) that you could not fish at the same level of effort during 2007-2009: Indicate the type of proof of revenue or earnings for other seafood landings for your selected Benchmark Period: I am making a claim for losses to dentify the quantity of IFQ shares Red Sna Gag Gro Red Gro Deep W	Provide the following information about your employer: Period of Employment: Employer Contact Information: Select a Benchmark Period for all vessels: Period of Employment: Employer Contact Information: 2009

H. SEAFOOD CREW COMPENSATION PLAN If you seek losses under the Seafood Crew Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section H. Seafood Crew includes all First Mates, Second Mates, Boatswains, and Deckhands who claim economic losses related to their employment by a Commercial Fisherman that were a result of the Seafood Crew members in Category I or III must show that they were employed by a Commercial Fisherman in 2009, and those in Category II must show employment by a Commercial Fisherman in 2009 or that they had accepted a job offer to work for a Commercial Fisherman in 2010. You may establish eligibility for Category I, II, or III depending on the supporting materials you can provide. I am submitting documentation to qualify for the following Seafood Crew Compensation categories: Category I: I have proper tax information or earnings documentation for 2009. Category II: I do not have tax or earnings documentation, but will submit a Claimant Sworn Written Statement and an Employer Sworn Written Statement. Category III: I do not have tax or earnings documentation or an Employer Sworn Written Statement, but will submit a Claimant Sworn Written Statement and other third party Sworn Written Statements. I. CATEGORY I CLAIMANT I am making a claim as a Category I Claimant, which means that I have tax records or other financial documents to prove earnings before the Spill as an employee of a Commercial Fisherman. 2009 2008 and 2009 2007, 2008, and 2009 The Claims Administrator will review all the documents and information 1. Select the Base Year(s) of earnings you submit to determine the Base Year(s) that maximizes your recovery for which you are submitting based on that information, even if that differs from the Base Year(s) you complete financial records: select above. If you do not wish to pick your Base Year(s) at all and instead would like the Claims Administrator to select your best Base Year(s), check here: ☐ Claims Administrator Selected Base Year(s). Federal or State Tax Returns, W-2s, or Form 1099s: 2. Indicate the type of proof of Seafood Pay period information such as bank records, check cashing Crew earnings submitted for your receipts, payday loans, or employer-provided documentation Base Year(s): of hours and wages. 3. What type(s) of commercial fishing license(s) did you possess in 2009 or 2010? If you were not required to License # _____ possess a license, explain why. 4. Identify the name and location of your employer (if you worked for multiple employers for your selected Base Year(s), copy this section for each employer as necessary and attach each copied page to the end of this Claim Form): Individual/ Business Name:

	Street			
Address:	City/Parish/County		State	Zip
Vessel Name(s):				
Home Port Dock:	Parish/County			
5. Indicate your proof to es you were present and av work for your employer a as required between Apr and December 31, 2010:	ailable to as frequently	Titl	me Mortgage le or Deed to your Home ase/Rental Agreement for your Home or Apar lity Bills for your Home or Apartment her	tment
6. Indicate the type of proc for verification of resider establish that you were a years old on April 20, 20	ncy and to at least 16	Dri Wo Gre	cial Security Card ver's License or Government ID ork Visa een Card Passport Birth Certificate	
	11	. CATEG	ORY II CLAIMANT	
proving employment by	a Commercial at least one fro	Fisherm my er Prome Prome	t, which means I do not have any tax or finant an in 2009 and that I must submit Sworn Wronployer) indicating I anticipated working in the proof of earnings and employment as a Seafood mber in 2009; or poof you were offered employment as a Seafood mber before April 20, 2010, but that offer was ause of the Spill.	ritten he seafood Crew d Crew
	es in 2009 or equired to n why.	Licenso Select employ	e# the licensing authority:	
Base Year(s), copy this s this Claim Form):	ection for each	n employ	yer as necessary and attach each copied page	e to the end of
Individual/ Business Name:				
Address:	Street City/Parish/County		State	Zip
Vessel Name(s):				
Home Port Dock:	Parish/County			

you were present and a work for your employer as required between Ap and December 31, 2010	r as frequently oril 21, 2010,	☐ Title or ☐ Lease/F ☐ Utility E ☐ Other _	Bills for your Home or	your Home or Apartme Apartment	nt -
11. Indicate the type of profor verification of reside establish that you were years old on April 20, 20	ency and to e at least 16 010?:	Driver's Work V Green C US Pass US Birth	s License or Governme isa Card sport h Certificate		on vour
behalf, and specify thei			who have made a 5w	om written statement	orr your
Employer 1	I Middle		Lind		Coeffici
First	Middle		Last		Suffix
Address:			•		
City:	County/Par	ish:	State	Zip:	
Relationship to Claimant					
Employer 2					
Employer 2 First	Middle		Last		Suffix
Address:					
City:	County/Par	-ich·	State	Zip:	
Relationship to Claimant	oounty/1 ai		otato	Ξ.ρ.	
times as necessary and atta 13. Identify the name and a on your behalf, and spe Sponsor 1	address of any a	additional Spo	onsor(s) who have ma	ade a Sworn Written Sta	atement
First	Middle		Last		Suffix
Address:	•		•		•
City:	County/Par	ish:	State	Zip:	
Relationship to Claimant				l	
Sponsor 2					
First	Middle		Last		Suffix
Address:					
Address: City:	County/Par	ish:	State	Zip:	
	County/Par	ish:	State	Zip:	

		III. CAT	EGORY III CLAIMANT	
2009, but I do not h	nave any tax	k or financial red	it, which means I worked for a Commercial Fis cords and that I must submit Sworn Written S he seafood industry in 2009.	
14. What type(s) of comfishing license(s) dicense(s) dicenses in 2009 or 2 you were not require possess a license, ex	nmercial I you 1010? If ed to	License #		
	and fill out tl	of your employe	er (if you worked for multiple employers for your acknowledge of the second second and attach each contact and attach each contact acknowledge.	
Individual/ Business Name:				
Address:	Street City/Parish/County	у	State	Zip
Vessel Name(s):				
Home Port Dock: Parish/County				
16. Indicate your proof a establish that you w present and availabl work for your emplo frequently as require between April 21, 20 and December 31, 20	ere e to byer as ed D10,		to your Home Agreement for your Home or Apartment r your Home or Apartment	
17. Indicate the type of submitted for verific of residency and to establish that you w least 16 years old or 20, 2010:	ere at	Social Security Driver's Licenty Work Visa Green Card US Passport US Birth Certi	se or Government ID	

Attorney/Sponsor	1		
First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant	•		·
Attorney/Sponsor 2	2		
First	Middle	Last	Suffix
Address:			_
City:	County/Parish:	State	Zip:
Relationship to Claimant			
Attorney/Sponsor 3	3		
First	Middle	Last	Suffix
Address:	•	•	•
City:	County/Parish:	State	Zip:
Relationship to Claimant			
	3		. ,
ompensation Claim. Th eafood Instructions Boo	ne list of required documents,	and instructions for how to see required Supporting Docume	ion to prove your Seafood Progra submit them, are in Section 4 of th entation, the Claims Administrator w
ompensation Claim. Theafood Instructions Boo	ne list of required documents, klet. If you do not submit the r claim and you will not receive	and instructions for how to see required Supporting Docume	submit them, are in Section 4 of the entation, the Claims Administrator w
ompensation Claim. The eafood Instructions Boo ot be able to review you nstructions: If you are eafood Program Sworn Sessel identified in this Claim.	le list of required documents, klet. If you do not submit the r claim and you will not receive J. Seafood Programment or lessee of any vess statement for any vessel for whi	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statement sels that harvested Seafood, you have making a claim. If this page for as many vessels	submit them, are in Section 4 of the entation, the Claims Administrator when the claims administrator when the claims are in Section 4 of the entation, the Claims Administrator when the country is a substant of the claim of the country in the claim of the country is a substant of the country in the claim of the country in the claim of the country in
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compensation Claim. The Geafood Instructions Boo not be able to review you enstructions: If you are Geafood Program Sworn Stressel identified in this Claim Form. By signing this Claim Form	Le list of required documents, klet. If you do not submit the r claim and you will not receive J. Seafood Programment for any vessel for white aim Form, then copy and fill out All additional copied pages for each, I declare and affirm under perist true and correct.	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statemen sels that harvested Seafood, you are making a claim. If this page for as many vessels each vessel will be incorporate	submit them, are in Section 4 of the entation, the Claims Administrator went to the claims and the claims are in Section 4 of the entation, the Claims Administrator went to understand the control of th
compensation Claim. The deafood Instructions Boo not be able to review you enstructions: If you are deafood Program Sworn Structions identified in this Claim Form.	Le list of required documents, klet. If you do not submit the r claim and you will not receive J. Seafood Programment for any vessel for white aim Form, then copy and fill out All additional copied pages for each, I declare and affirm under perist true and correct.	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statemen sels that harvested Seafood, you are making a claim. If this page for as many vessels each vessel will be incorporated nalty of perjury under the law	submit them, are in Section 4 of the entation, the Claims Administrator went to the claims and the claims are in Section 4 of the entation, the Claims Administrator went to understand the control of th
ompensation Claim. The eafood Instructions Boo ot be able to review you enstructions: If you are eafood Program Sworn Sessel identified in this Claim Form. The following information essel Name ty	J. Seafood Progethe owner or lessee of any vessor and Form, then copy and fill out All additional copied pages for each, I declare and affirm under period is true and correct.	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statement sels that harvested Seafood, you are making a claim. If this page for as many vessels each vessel will be incorporated analty of perjury under the law ESSEL INFORMATION	submit them, are in Section 4 of the entation, the Claims Administrator we contain the Claims Administrator we contain the Claims Administrator we can must provide information on this factor you have earnings on more than one as a necessary and attach each copie and into this Sworn Statement. It is soft the United States of America that it is contained by the Code
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ompensation Claim. The eafood Instructions Boo ot be able to review you nstructions: If you are eafood Program Sworn Sessel identified in this Claim Form. y signing this Claim Form he following information essel Name ty ate Registration Number	the list of required documents, klet. If you do not submit the r claim and you will not receive J. Seafood Programment for any vessel for white aim Form, then copy and fill out All additional copied pages for each, I declare and affirm under peris true and correct. I. Visite Home Port County	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statemen sels that harvested Seafood, you are making a claim. If this page for as many vessels each vessel will be incorporated analty of perjury under the law ESSEL INFORMATION Federal Region For the selection of the	submit them, are in Section 4 of the entation, the Claims Administrator want to a compare the content of the entation, the Claims Administrator want to a compare the content of the conte
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compensation Claim. The eafood Instructions Boo of be able to review you enstructions: If you are eafood Program Sworn Sessel identified in this Claim Form. By signing this Claim Form the following information essel Name ty ate Registration Number 1. Lease Status of For the vessel in	Let list of required documents, klet. If you do not submit the relaim and you will not receive J. Seafood Programment for any vessel for white aim Form, then copy and fill out All additional copied pages for each, I declare and affirm under peris true and correct. I. VE Home Port County State II. STATEMENT O Vessel: Check the box that approximation and submit to the compage of the county of the cou	and instructions for how to so required Supporting Docume payment for your claim. Gram Sworn Statemen sels that harvested Seafood, you are making a claim. If this page for as many vessels each vessel will be incorporated analty of perjury under the law ESSEL INFORMATION Federal Region For Ownership or Section 1988.	submit them, are in Section 4 of the entation, the Claims Administrator with the claims Administ

III. BOAT CAPTAIN INFORMATION								
2. Vessel Boat Captain: Check the box that applies to you. You may only check one box.								
For the vessel identified above:								
☐ I was the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009.								
☐ I was the not the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009.								
IV. SEAFOOD SPILL-RELATED PAYMENTS								
The Seafood Compensation Program requires that you identify and attest whether you received any Seafood Spill-Related Payments, which are defined as compensation paid to you through the OPA Process by BP, the Gulf Coast Claims Facility, or the Transition Facility for any economic losses relating to Seafood.								
Did you receive any Seafood Spill-Related Payments?								
V. SEAFOOD SPILL-RELATED PAYMENT INFORMATION								
If you did receive prior payments as indicated in Section IV, provide information regarding all Seafood Spill-Related Payments, including the date, source, payment amount, and type of payment (e.g., Interim Payment, Emergency Advance Payment, etc.). You must also provide documentation to verify these payments.								
Date	Source	Amount	Type of Payment					
(Month/Day/Year)		\$						
/ (Month/Day/Year)		\$						
/ (Month/Day/Year)		\$						

		K. Paym	ent					
1.		u Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments to you and to your attorney, which means that both you and your attorney will need to endorse the check before k will honor it.						
	may file in the Deep	ant the Claims Administrator to make owater Horizon Economic and Prope will send your payment to your a with him/her.	rty Settlement only	to you	r attorney	. This means that the		
2.	your Spill-related claim, check. Payment checks address that the Claims	You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with It Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by Itck. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the Itress that the Claims Administrator confirms for you during the processing of your Claim. You have an obligation notify the Claims Administrator if your address changes.						
	equivalent, for certain pa any tax advice regarding	r will report annually to federal and ayments made. The Claims Administ any payment issued to you. You sh you receive from the Claims Administ	rator will send you a ould consult with yo	а сору о	of that forr	m, but cannot give you		
3.		iens, and other Attachments. Legally authorized garnishments, liens, or similar forms of g to your claim will be honored and deducted from your payment.						
4.		nent. All claimants must provide a W-9 Form. To obtain a copy of that form, go to settlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.						
5.	Do you intend to seek claim?	Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?						
	☐ Yes ☐ No							
	If you check "Yes" for Que Program Instructions Boo	uestion K.5, you must submit the do oklet.	cuments listed in Se	ection 4.	.H of the S	Seafood Compensation		
		L. Signa	ature					
I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.								
By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.								
Sig	gnature:				Date:	/ / (Month/Day/Year)		
Pri	nted Name:	First	Middle	Last				
Tit	le, if a business:							
bus	siness or is deceased, a M	Claim Form personally. No one callinor, or Incompetent. If the claiman sed, a Minor, or Incompetent, an automore tent.	nt is a business, an	authoriz	zed busine			