

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT COASTAL REAL PROPERTY CLAIM FORM (GREEN 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.

THE DEEPWATER HORIZON ECONOMIC AND PROPERTY DAMAGES SETTLEMENT COASTAL REAL PROPERTY CLAIM FORM (GREEN FORM)

To make a **Coastal Real Property 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 June 8, 2015.

The **Coastal Real Property Claim** is for individuals or businesses who prove that they owned or leased Residential Parcels, Commercial Parcels, Deeded Boat Slips or other types of Parcels, with an eligible County Land Use Designation and located within the Coastal Real Property Claim Zone Map during the time period April 20, 2010, to December 31, 2010. In addition to recovering an amount based on the location of the Parcel or Boat Slip and the period of legal possession of the Parcel or Deeded Boat Slip by each claimant, a claimant may recover additional damages upon proving that physical damage occurred to Real or Personal Property located on the Parcel or Deeded Boat Slip in connection with the Spill or as a result of Spill response cleanup operations that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or a delegate thereof, with the exception of any damage claimed for intrusion of oil, dispersant, or other substances on to the claimant's Parcel(s) or Deeded Boat Slip(s).

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Coastal Real Property Claim Form (Green Form)," which contains detailed instructions for completing and submitting this Claim Form, helpful definitions, and the list of the 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 7 of the Coastal Real Property Instructions Booklet lists all the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about the Natural Person or business that is making this Coastal Real Property Claim.

1. Name of Natural Person or Business:	Last Name or Full Name of Business	First Name	Middle Initial
2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN - - EIN -		

<p>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.</p> <p>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.</p> <p>If you do not yet have a Claimant Number, leave this question blank.</p>	<p><input type="checkbox"/> GCCF Claimant Number:</p> <p>_____</p> <p>OR</p> <p><input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number:</p> <p>_____</p>
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B. Information Required for a Coastal Real Property Claim

If you are making a Coastal Real Property Claim for more than one Parcel or Deeded Boat Slip, photocopy this section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional Parcel or Deeded Boat Slip.

<p>1. At any time between April 20, 2010, and December 31, 2010, did you own or lease an Eligible Parcel or Deeded Boat Slip within the Coastal Real Property Claim Zone? To determine if your Parcel or Deeded Boat Slip is an Eligible Parcel located in the Coastal Real Property Claim Zone, see Section 3 of the Coastal Real Property Instructions Booklet.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If you checked "Yes" for Question 1, continue.

If you checked "No" for Question 1, stop filling out this Claim Form. If you disagree with the Coastal Real Property Claim Zone Map and think your Parcel or Deeded Boat Slip should be included as an Eligible Parcel or Deeded Boat Slip on the map, you may request a review of the eligibility designation of your Parcel or Deeded Boat Slip. To request a review of the eligibility designation, detach and fill out the two-page Coastal Real Property Parcel or Deeded Boat Slip Eligibility Request Form attached to the end of this Claim Form and submit it with the required documentation to support your request for a review of the eligibility designation. If your Parcel or Deeded Boat Slip is added to the Coastal Real Property Claim Zone after the eligibility review, you will be notified to submit a Coastal Real Property Claim Form.

<p>2. Identify the type of Property for which you are making your Coastal Real Property Claim.</p>	<p><input type="checkbox"/> Residential/Commercial/Other Parcel</p> <p><input type="checkbox"/> Deeded Boat Slip</p>
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3. Provide the address of the Parcel or Deeded Boat Slip:			
Street		Unit	
City	State	Zip Code	
Parish/County			
Other Description:			

<p>4. Provide the tax assessment identification number for your Parcel or Deeded Boat Slip:</p>	
<p>5. Provide the Parcel identification number:</p>	
<p>6. Are you making this claim as the owner of the Parcel or Deeded Boat Slip? If you checked "No," go to Question 13.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. If you checked "Yes" for Question 6, provide the dates when you owned the Parcel or Deeded Boat Slip:</p>	<p>____/____/____ to ____/____/____ (Month/Day/Year) (Month/Day/Year)</p>

		<input type="checkbox"/> Check here if you currently own the Parcel or Deeded Boat Slip
8. If you are the owner of the Parcel or Deeded Boat Slip, did you lease the Parcel or Deeded Boat Slip to another party at any time between April 20, 2010, and December 31, 2010?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If you own(ed) the Parcel or Deeded Boat Slip, did you own it with another person other than your spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you checked "Yes" for Question 9, provide:		
(a)	Your percentage of ownership:	_____ %
(b)	The full name(s) and ownership percentage of all other co-owners of the Parcel or Deeded Boat Slip, to the best of your ability:	
11. Did ownership of the Parcel or Deeded Boat Slip change during the period April 20, 2010, to December 31, 2010?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the sale or transfer date: ____/____/____ (Month/Day/Year)
12. If you checked "Yes" for Question 11, list all other known owners for the time period April 20, 2010, to December 31, 2010, to the best of your ability.		
13. Are you making this claim as the lessee of the Parcel or Deeded Boat Slip?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If you checked "Yes" for Question 13, provide the dates when you leased the Parcel or Deeded Boat Slip:		____/____/____ to ____/____/____ (Month/Day/Year) (Month/Day/Year) <input type="checkbox"/> Check here if you currently lease the Parcel or Deeded Boat Slip

<p>15. Are you claiming that physical damage occurred to Real or Personal Property on your Parcel or Deeded Boat Slip as a result of the Spill or Spill response cleanup operations? Refer to Section 2 of the Coastal Real Property Instructions Booklet for examples of physical damage. If you are claiming that your Vessel/Boat was damaged by the Spill or cleanup response operations, check "No" and submit a Vessel Physical Damage Claim Form (Black Form).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "Yes" for Question 15, continue.</p> <p>If you checked "No" for Question 15, go to Section C.</p>	
<p>(a) Was the physical damage to your Real or Personal Property caused by the Spill or Spill response cleanup operations, including Vessels of Opportunity ("VoO")?</p>	<p><input type="checkbox"/> Spill</p> <p><input type="checkbox"/> Spill Response Cleanup Operations</p>
<p>(b) If the physical damage to your Real or Personal Property was caused by Spill response cleanup operations, were those operations consistent with the National Contingency Plan, which can include VoO or operations specifically ordered by the Federal On-Scene Coordinator (FOSC) or his or her delegate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>
<p>16. Did you own the Real or Personal Property located on the Parcel or Deeded Boat Slip at the time it was physically damaged?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you checked "Yes" for Question 16, continue.</p> <p>If you checked "No" for Question 16, go to Section C.</p>	

17. To the best of your ability, provide the following information about the Real or Personal Property that was physically damaged:

- (a) the type of Real or Personal Property that was physically damaged;
- (b) if Personal Property was physically damaged, the location of the Personal Property on your Parcel when the damage occurred;
- (c) if Real Property was physically damaged, the location of the damage on the Parcel;
- (d) a description of the physical damage to your Real or Personal Property;
- (e) how the physical damage occurred; and
- (f) what or who caused the physical damage.

18. For any Real or Personal Property listed in Question 17, describe the condition of your Real or Personal Property before the physical damage occurred.

19. Did you repair the physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 19, provide:

- (a) the name, address, and telephone number of the individual or business that repaired your damaged Real or Personal Property;
- (b) the cost to repair your damaged Real or Personal Property; and
- (c) a description of the repairs made to your Real or Personal Property.

20. Did you replace the physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 20:

- (a) Explain why the physically damaged Real or Personal Property had to be replaced, rather than repaired:

(b) Provide:

- (1) the name, address and telephone number of the individual or business from which you obtained the replacement Real or Personal Property;**
- (2) the cost of the replacement Real or Personal Property;**
- (3) the date when the replacement was made; and**
- (4) a description of the replacement Real or Personal Property.**

If you checked "Yes" for either Question 19 or 20, go to Section C. If you checked "No" for *both* Questions 19 and 20, continue.

21. Do you plan to repair the physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 21, provide:

- (a) the name, address, and telephone number of the individual or business that has provided the estimate for future repairs;**
- (b) the estimate of the future cost to repair; and**
- (c) a description of the planned repairs.**

22. Do you plan to replace the physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 22:

(a) Explain why your physically damaged Real or Personal Property has to be replaced, rather than repaired:

(b) Provide:

- (1) the name, address and telephone number of the individual or business from which you plan to obtain the replacement Real or Personal Property;**
- (2) the estimated cost of the replacement Real or Personal Property; and**
- (3) a description of the replacement Real or Personal Property.**

C. Claimant Verification Statement

Check the box(es) below that apply to you for your Parcel or Deeded Boat Slip and provide the necessary information. YOU MUST CHECK ONE OF THE BOXES OR YOUR SUBMISSION WILL BE INCOMPLETE.

1. I owned the Parcel or Deeded Boat Slip between April 20, 2010, and December 31, 2010, and (check only one box):

(a) I did not lease my Parcel or Deeded Boat Slip to anyone for more than 60 days.

(b) I leased my Parcel or Deeded Boat Slip to someone for more than 60 days. (Provide the lessee information below.)

2. I leased the Parcel or Deeded Boat Slip from someone for at least 60 days between April 20, 2010, and December 31, 2010.

If you checked box 1(b) or (2), provide the following:

	Name of Lessee(s)/Owner(s)	Dates of Lease
1.		
2.		
3.		
4.		

By signing this Claim Form, I declare and affirm under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct.

D. Documentation Required for a Coastal Real Property Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Coastal Real Property Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Coastal Real Property Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

E. Federal and State Regulatory Requirements

Nothing in the Settlement's **Compensation Framework for Coastal Real Property Claims** shall alter, expand, or reduce BP's obligations for cleanup, removal, spill response and remediation of real property under applicable federal, state, or local laws, regulations, orders, or agreements. By signing this Claim Form, I acknowledge that any right to require any cleanup or remediation of the parcel shall not lie with me, but solely with governmental authorities, and that the need for any cleanup or remediation, and the standards by which the need for or sufficiency of such remediation is decided, shall be determined by governmental regulators of the executive department in accordance with properly promulgated law, rules, regulations, orders or agreements. Such governmental regulators alone shall make such determinations, and I agree not to employ regulatory proceedings as a means to seek the redress of claims, which are extinguished pursuant to this Settlement. It is expressly agreed that this acknowledgement of continued potential responsibility for governmental compliance on the part of the BP (and all other parties released) shall not grant me any personal jurisdiction recourse with respect to the regulatory obligations of the released parties. In the event proceedings, formal or informal, occur before governmental authorities, I agree to cooperate fully with the released parties in addressing questions or concerns presented by such proceedings; I agree to provide full and free access to the Eligible Parcel in connection therewith, and will further cooperate with the released parties in undertaking and proposing by the released parties such remediation that the released parties deem most appropriate, desirable, and/or cost-effective in meeting regulatory requirements, irrespective of any personal claims, preferences, rights of use or similar considerations by me, it being understood that such personal claims and considerations fall within the scope of the claims released by me under the Settlement.

F. Payment

- 1. If You Have Your Own Attorney.** Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.
 Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.
- 2. If You Do Not Have Your Own Attorney.** If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.
- 3. Garnishments, Liens, and other Attachments.** Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.
- 4. W-9 Form Requirement.** All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

G. Signature

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.

Signature:		Date:	____/____/____ (Month/Day/Year)
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Printed Name:	First	Middle	Last
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Title, if a business:	
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The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.

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THE DEEPWATER HORIZON ECONOMIC AND PROPERTY DAMAGES SETTLEMENT COASTAL REAL PROPERTY PARCEL OR DEEDED BOAT SLIP ELIGIBILITY REQUEST FORM

If you disagree with the Coastal Real Property Claim Zone Map and think your Parcel or Boat Slip should be included as an Eligible Parcel on the Map, detach and submit this Eligibility Request Form instead of the Claim Form. Refer to Section 5 of the Coastal Real Property Instructions Booklet for detailed instructions about how to complete and submit this Eligibility Request Form. **DO NOT COMPLETE THIS ELIGIBILITY REQUEST FORM IF YOU ARE NOT REQUESTING A REVIEW OF THE DESIGNATION OF YOUR PARCEL OR DEEDED BOAT SLIP OUTSIDE THE COASTAL REAL PROPERTY CLAIM ZONE.**

A. Reason for Requesting a Review of Your Parcel's or Deeded Boat Slip's Eligibility Designation

Check the box next to the reason you are requesting a review of the designation of your Parcel or Deeded Boat Slip as ineligible.

- My Parcel or Deeded Boat Slip is within the Coastal Real Property Claim Zone but is not identified on the Coastal Real Property Claim Zone Map;
- My Parcel or Deeded Boat Slip has as an Eligible Land Use Designation and should be added to the Coastal Real Property Claim Zone;
- My Parcel or Deeded Boat Slip was oiled and should be added to the Coastal Real Property Claim Zone Map.

B. Claimant Information

1. Name of Natural Person or Business:	Last Name or Full Name of Business	First Name	Middle Initial
2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN _ _ _ - _ _ - _ _ _ _ _		
	EIN _ _ - _ _ _ _ _		
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. 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 question blank.	<input type="checkbox"/> GCCF Claimant Number: _ _ _ _ _ _		
	OR <input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: _ _ _ _ _ _ _ _ _		

C. Parcel or Deeded Boat Slip Information

1. Identify the type of Property that is the subject of your Eligibility Request.	<input type="checkbox"/> Residential/Commercial/Other Parcel <input type="checkbox"/> Deeded Boat Slip
2. Provide the address of the Parcel or Deeded Boat Slip:	
Street	Unit
City	State Zip Code
Parish/County	
Other Description:	
3. Provide the tax assessment identification number for the Parcel or Deeded Boat Slip:	
4. Provide the Parcel identification number:	

D. Documentation Required for a Parcel or Deeded Boat Slip Eligibility Review

You must submit certain documentation to support your request for a review of your Parcel's designation as an ineligible Parcel. Refer to Section 5 of the Coastal Real Property Instructions Booklet for a description of the Supporting Documentation you must submit along with this Eligibility Request Form.

E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Eligibility Request 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 Eligibility Request 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 Eligibility Request 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.

Signature:		Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last
Title, if a business:			

The claimant must sign this Eligibility Request Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.

If you are not requesting a review of the Coastal Real Property Claim Zone Map's designation of your Parcel or Deeded Boat Slip, do NOT sign this page. If you answered "Yes" to Question B.1 in the Coastal Real Property Claim Form and are submitting a Coastal Real Property Claim, make sure to complete and sign the Signature section on page 11 of the Claim Form. If you sign here instead, the Claims Administrator will treat your signature as binding for the claim you file.