

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT FAILED BUSINESS ECONOMIC LOSS CLAIM FORM (RED 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 ECONOMIC AND PROPERTY SETTLEMENT FAILED BUSINESS ECONOMIC LOSS CLAIM FORM (RED FORM)

To make a **Failed Business Economic Loss 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 **Failed Business Economic Loss Claim** is for businesses (including those reporting on Form 1040 Schedules C, E, or F) that, after May 1, 2010, but before December 31, 2011, either: (1) ceased operations and wound down; (2) entered bankruptcy (through the filing of a petition for bankruptcy protection in a court or competent jurisdiction); or (3) otherwise initiated or completed a liquidation of substantially all of its assets.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Failed Business Economic Loss Claim Form (Red Form)," which contains detailed instructions for completing this Claim Form, guidance on how to submit it, 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 5 of the Failed Business Economic Loss Instructions Booklet lists all the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about your Failed Business on behalf of which you are filing this claim for Business Economic Loss.

1. Business Name:			
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: _____	

B. Information Required for a Failed Business Economic Loss Claim

If you are making a Failed Business Economic Loss Claim for more than one Claiming Facility, 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 Claiming Facility.

1. You cannot make an economic loss claim for a business that falls into any of the categories listed below. Check any and all boxes that describe your business.

Refer to Section 2 of the Failed Business Economic Loss Instructions Booklet for more detailed descriptions of these categories.

- (a) Financial Institution.
- (b) Fund, financial trust, or other financial vehicle.
- (c) Gaming.
- (d) Insurance.
- (e) Oil and gas industry.
- (f) Defense contractor or subcontractor.
- (g) Real estate development.
- (h) Selling or marketing BP-branded fuel at anytime from April 20, 2010, through April 16, 2012.

If you check the box next to any of the above categories, your business is not eligible to make an Economic Loss Claim, and you should not complete or submit this Claim Form.

2. During the period from April 1, 2010, through December 31, 2010, did your business maintain more than one separate and distinct physical location? If you check "Yes," continue to Question 3. If you check "No," go to Question 7.

Yes No

3. Is your business's headquarters located within the Gulf Coast Areas?

Yes No

4. Are all of your business's Facilities located within the Gulf Coast Areas?

Yes No

5. Does your business maintain separate profit and loss statements for each Claiming Facility?

Yes No

6. Is your business submitting a claim for all Facilities located within the Gulf Coast Areas? If you checked "Yes" for Question 3, you may file a consolidated claim for all Facilities or you may elect to file individual claims for each Claiming Facility separately. If you checked "No" for Question 3, information must be provided on a Facility-by-Facility basis, but you may send in each of those claims together to facilitate efficient processing.

By checking "Yes" to this question, you are indicating that you are submitting a consolidated Claim for *all* Facilities located within the Gulf Coast Areas. If you wish to file a claim for each Facility separately, check "No." You may not file a consolidated Claim for only a subset of your business's Facilities located within the Gulf Coast Areas.

Yes No

If you are filing a Business Economic Loss Claim for a Multi-Facility Business and are providing information on a Facility-by-Facility basis, you must complete Section B, C, D, and E for each Claiming Facility. Questions 2 through 6 in this section are not required for each individual facility. Only Question 1 is required for each individual facility. Photocopy each section before completing it and attach the copy to this Claim Form for submission. Make as many copies as you need.

7. What is the address of your business? Provide the address of your business. If you are a Multi-Facility business, provide the address of each Facility for which you are claiming, regardless of whether you have elected to have your Facilities in the Gulf Coast Area evaluated as a consolidated claim or as separate Facilities.

Business Name:			
Business Address: Headquarters <input type="checkbox"/>	Street		
	City	State	Zip Code
	Parish/County		

Business Phone Number:	() -
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8. In which Economic Loss Zone is your business located? Go to www.deepwaterhorizonsettlements.com , call toll free at 1-866-992-6174, or visit a Claimant Assistance Center to determine in which Economic Loss Zone your business is located.	<input type="checkbox"/> Zone A <input type="checkbox"/> Zone B <input type="checkbox"/> Zone C <input type="checkbox"/> Zone D
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9. Provide the NAICS (North American Industry Classification System) Code for your business that forms the basis of your Economic Loss Claim. You can search for your code using www.census.gov/naics .	_____
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Provide a description of your business:

10. Businesses/employers that fall within the NAICS codes and descriptions marked with an "x" in Exhibit 19, Section II must answer the following question: In 2009, did your business provide significant services, goods, and/or supplies to businesses in the offshore Oil & Gas Industry in the Gulf of Mexico? The Claims Administrator considers that an entity provided "significant" services, goods, and/or supplies to businesses in the offshore oil and gas industry in the Gulf of Mexico in 2009 if 33% or more of its 2009 net revenue was derived from such activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are seeking Sweat Equity Compensation, complete questions 11-15 which apply only to Failed Start-Up Businesses as defined in the accompanying booklet called "Instructions for Completing the Failed Business Economic Loss Claim Form (Red Form)." That booklet also explains Sweat Equity Compensation. Sweat Equity Compensation provides payment to Start-Up Business owners who provided services to the Failed Start-Up Business prior to when the business began operations but received no compensation or less than fair market value compensation. If you are not seeking Sweat Equity Compensation, go to Question 16.

11. Did your business begin operations on or after November 1, 2008, and subsequently cease operations, declare bankruptcy or complete a liquidation of substantially all of its assets since May 1, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. What is the Commencement Date of the Failed Start-Up Business? The Commencement Date is the day that the Failed Start-Up Business began operations.	____/____/____ <small>(Month/Day/Year)</small>
13. If your business began after November 1, 2008, what is the Sweat Equity Contribution Start Date? Refer to the Instructions for Completing the Failed Business Economic Loss Claim Form (Red Form) to determine your Sweat Equity Contribution Start Date.	____/____/____ <small>(Month/Day/Year)</small>
14. What is the Sweat Equity Benchmark Period Start Date? Refer to the Instructions for Completing the Failed Business Economic Loss Claim Form to determine your Sweat Equity Benchmark Period Start Date.	____/____/____ <small>(Month/Day/Year)</small>
15. What is the Sweat Equity Benchmark Period End Date? The Sweat Equity Benchmark Period End Date means the end of the last full month preceding the Sweat Equity Contribution Start Date.	____/____/____ <small>(Month/Day/Year)</small>
16. Did your business participate in the Vessels of Opportunity ("VoO") program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify any months after the Spill in which your business received revenue from the VoO program, and the amount of that revenue. Leave this section blank if your business did not receive any revenue because of participation in the VoO program.	
<input type="checkbox"/> May 2010 \$ _____	<input type="checkbox"/> September 2010 \$ _____
<input type="checkbox"/> June 2010 \$ _____	<input type="checkbox"/> October 2010 \$ _____
<input type="checkbox"/> July 2010 \$ _____	<input type="checkbox"/> November 2010 \$ _____
<input type="checkbox"/> August 2010 \$ _____	<input type="checkbox"/> December 2010 \$ _____
<input type="checkbox"/> All Months 2011 \$ _____	
Identify any months after the Spill in which your business incurred expenses because of participation in the VoO program, and the amount of those expenses. Leave this section blank if your business did not incur expenses because of participation in the VoO program.	
<input type="checkbox"/> May 2010 \$ _____	<input type="checkbox"/> September 2010 \$ _____
<input type="checkbox"/> June 2010 \$ _____	<input type="checkbox"/> October 2010 \$ _____
<input type="checkbox"/> July 2010 \$ _____	<input type="checkbox"/> November 2010 \$ _____
<input type="checkbox"/> August 2010 \$ _____	<input type="checkbox"/> December 2010 \$ _____
<input type="checkbox"/> All Months 2011 \$ _____	
17. Identify other sources of income to your business that can be used to reconcile tax returns with business financial statements, if any.	

For Questions B.18 – B.21, consult the Failed Business Economic Loss Instructions Booklet to determine if your business meets the definition or criteria. Go online to www.deepwaterhorizonsettlements.com, call toll free at 1-866-992-6174, or visit a Claimant Assistance Center to determine in which Economic Loss Zone your business is located and whether it meets the Tourism Definition.

18. Is your business a Landing Site, Commercial Wholesale or Retail Dealer A, or a Primary Seafood Processor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Is your business a Commercial Wholesale or Retail Dealer B, a Secondary Seafood Processor, a Seafood Wholesaler or Distributor, or a Seafood Retailer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Does your business fall within the Tourism Definition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Is your business a Charter Fishing Operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Documentation Required for a Failed Business Economic Loss Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Failed Business Economic Loss Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Failed Business Economic Loss 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.

D. 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.

5. **Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?**

Yes No

If you check "Yes" for Question D.5, you must submit the documents listed in Section 4.F of the Failed Business Economic Loss Instructions Booklet.

E. 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.

I certify that I am authorized to act on behalf of the business submitting this Claim Form.

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)
Printed Name:	First	Middle	Last		
Title:					

An authorized business representative must sign this Claim Form personally.