

**DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT
INDIVIDUAL PERIODIC VENDOR OR FESTIVAL VENDOR ECONOMIC
LOSS CLAIM FORM
(BROWN 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 INDIVIDUAL PERIODIC VENDOR OR FESTIVAL VENDOR ECONOMIC LOSS CLAIM FORM (BROWN FORM)

To make an **Individual Periodic Vendor or Festival Vendor 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 **Individual Periodic Vendor or Festival Vendor Economic Loss Claim** is for individuals who regularly sell or provide the specific goods or services listed in Exhibit 8D, Attachment A of the Settlement, primarily to non-local consumers, do not maintain a fixed business location, and do not have sufficient tax documentation to support a Business Economic Loss Claim. If you pay taxes as a business taxpayer on the income on which your claim for losses is based, then do not use this Individual Periodic Vendor or Festival Vendor Claim Form (Brown Form), but instead use the Business Economic Loss Claim Form (Purple Form).

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Individual Periodic Vendor or Festival Vendor Claim Form (Brown 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 5 of the Individual Periodic Vendor or Festival Vendor Instructions Booklet lists all the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about the Natural Person who is making this Individual Periodic Vendor or Festival Vendor Claim.

1. Name of Natural Person or Business:	Last Name or Full Name of Business	First Name	Middle Initial
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2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	SSN or ITIN _ _ _ _ - _ _ _ _ - _ _ _ _ _
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<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>OR</p> <p><input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
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4. You cannot seek economic losses relating to any of the following areas. If any of the following apply to a good or service you are claiming losses for, check the box. Check all that apply to you:

- (a) Financial Institution.
- (b) A 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.
- (i) Deepwater Diving.
- (j) Working on an Oil Rig.

Refer to the Individual Periodic Vendor or Festival Vendor Economic Loss Instructions Booklet for definitions of these excluded areas. You cannot file an Individual Periodic Vendor or Festival Vendor Economic Loss Claim for any type of area you checked above.

B. Information Required for an Individual Periodic Vendor or Festival Vendor Economic Loss Claim

1. Select Your Goods or Services. Choose the good(s) you sold or service(s) you provided ("Covered Sales") during 2009 and/or 2010 from the list provided below. Choose as many as apply.

A. Food	<input type="checkbox"/> Peanuts (boiled or roasted) or Popcorn <input type="checkbox"/> Hot Dogs <input type="checkbox"/> Ice Cream <input type="checkbox"/> Snow Cones <input type="checkbox"/> Fresh Fish or Shellfish <input type="checkbox"/> Jams, Jellies, Preserves, and other Canned Fruit and Vegetables <input type="checkbox"/> Fruit <input type="checkbox"/> Other Similar Item (describe): _____
B. Souvenirs and Other Items	<input type="checkbox"/> Snakes <input type="checkbox"/> Beads <input type="checkbox"/> Small Wood Carvings, such as Wood Clocks, Statues or Wall Hangings <input type="checkbox"/> Shell Jewelry <input type="checkbox"/> Clothing specifically promoting the city, beaches or other tourism activities (sports teams, fishing, etc.) <input type="checkbox"/> Other Similar Item (describe): _____
C. Services	<input type="checkbox"/> Tattoos <input type="checkbox"/> Street Art including Caricature and Face Painting <input type="checkbox"/> Street Performance including Miming and Magic Acts <input type="checkbox"/> Hair Weaving and Braiding Only select the following categories if you provided the Service(s) in the portions of the Gulf recognized as Specified Gulf Waters: <input type="checkbox"/> Shallow Water Diving <input type="checkbox"/> Boat Repair Diving <input type="checkbox"/> Operation of a Swamp or Air Boat <input type="checkbox"/> Parasail, Scuba and Snorkel Instruction or Operation <input type="checkbox"/> Other Similar Service (describe): _____ _____

2. Employment. Were you employed by another person in connection with making these Covered Sales? If Yes, do not submit or complete this Claim Form.

- Yes No

3. This Question Intentionally Removed.

4. Select Vendor Type. If you sold goods or provided services only at Festivals, select Festival Vendor. Examples of accepted Festivals are listed in Section D, Question 1. If you did not sell goods or provide services at a Festival, select Individual Periodic Vendor. If you sold goods or provided services at Festivals and other locations, select both Vendor Types.

Festival Vendor Individual Periodic Vendor

If you selected Individual Periodic Vendor only, do not fill out Section D.

If you selected Festival Vendor only, go to Section D. Do not fill out Section C.

If you selected both Vendor types, fill out the required information in Sections C and D.

C. Individual Periodic Vendor Information

1. Business Location. Did you have a permanent business location in a building where you made the claimed Covered Sales? If Yes, do not submit or complete this Claim Form.

Yes No

2. Sales Location(s). Provide each location where you made the claimed Covered Sales. Provide the exact address where available and note the item(s) sold at that location.

(a) Covered Sale Item(s):	Street		
	City	State	Zip Code
(b) Covered Sale Item(s):	Street		
	City	State	Zip Code
(c) Covered Sale Item(s):	Street		
	City	State	Zip Code
(d) Covered Sale Item(s):	Street		
	City	State	Zip Code
(e) Covered Sale Item(s):	Street		
	City	State	Zip Code

3. Select Your Compensation Period. This is the time period after the Spill that you choose to establish your post-Spill earnings. Choose at least three consecutive months from May 2010 through December 2010. You must select *consecutive* months (i.e., May, June and July but not August, October, November). The Claims Administrator will compare the sales information from these months to the same months in 2009.

- May 2010 September 2010
 June 2010 October 2010
 July 2010 November 2010

August 2010 December 2010

The Claims Administrator will review all the documents and information you submit to determine the **Compensation Period** that maximizes your recovery based on that information, even if that differs from the period you select above. If you do not wish to pick a **Compensation Period** at all and instead would like the Claims Administrator to select your **Compensation Period**, check here:

Claims Administrator Selected Compensation Period

D. Festival Vendor Information

1. Festival Type(s). Choose the type of Festival(s) where you made Covered Sales. You may choose more than one.

- Street Festival or Fair (excluding neighborhood block parties, garage sales, and flea markets)
- Outdoor Art Exhibition (excluding neighborhood block parties, garage sales, and flea markets)
- Fishing Tournament Golf Tournament Boating Tournament Rodeo 4-H Competition
- Major College or Professional Sports Event (not including regular season games, local club or K-12 school events)
- Carnival
- Other Similar Event (describe): _____

2. Festival Information. Provide the following information on each Festival you attended, or intended to attend in 2010 but it was canceled, in 2009 and/or 2010.

(a) Festival Name	2009 Date(s)	/ - / Month/Day Month/Day	2010 Date(s)	/ - / Month/Day Month/Day
	Cancellation Status			<input type="checkbox"/> This Festival was not canceled in 2010. <input type="checkbox"/> This Festival was canceled in 2010.
(b) Festival Name	2009 Date(s)	/ - / Month/Day Month/Day	2010 Date(s)	/ - / Month/Day Month/Day
	Cancellation Status			<input type="checkbox"/> This Festival was not canceled in 2010. <input type="checkbox"/> This Festival was canceled in 2010.
(c) Festival Name	2009 Date(s)	/ - / Month/Day Month/Day	2010 Date(s)	/ - / Month/Day Month/Day
	Cancellation Status			<input type="checkbox"/> This Festival was not canceled in 2010. <input type="checkbox"/> This Festival was canceled in 2010.
(d) Festival Name	2009 Date(s)	/ - / Month/Day Month/Day	2010 Date(s)	/ - / Month/Day Month/Day
	Cancellation Status			<input type="checkbox"/> This Festival was not canceled in 2010. <input type="checkbox"/> This Festival was canceled in 2010.
(e) Festival Name	2009 Date(s)	/ - / Month/Day Month/Day	2010 Date(s)	/ - / Month/Day Month/Day
	Cancellation Status			<input type="checkbox"/> This Festival was not canceled in 2010.

This Festival was canceled in 2010.

3. Replacement Festivals. If you had plans to make Covered Sales at a Festival, but it was canceled, did you make any Covered Sales at a Replacement Festival? A Replacement Festival is defined as any Festival, regardless of where that event was held, in which you participated between May and December 2010 in lieu of a Canceled Festival.

Yes No

E. Documentation Required for an Individual Periodic Vendor or Festival Vendor Economic Loss Claim

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

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.

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 F.5, you must submit the documents listed in Section 4.E of the Individual Periodic Vendor or Festival Vendor Economic Loss Instructions Booklet.

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