## **SWS-26**

## **Business Economic Loss**

## Non-Replaced Spill-Related Reservation or Contract Cancellation Claimant Sworn Written Statement

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

incorporated into this	document	••								
			AIMANT	INFORMA	TION					
<b>Business Name:</b>	Name of Business									
Deepwater Horizo	n Settlem	ent Program Clai	mant Nu	ımber:						
Social Security Number:				SSN or ITIN			<u>   -  </u>			
<b>Individual Taxpayer Identification Number:</b> Or				EIN						
<b>Employer Identific</b>	ation Nun	nber:			-				$\sqcup$	
Business	Street									
Address:	State					Zip	Code			
<b>Business Phone Nu</b>	ımber:	(	(	L) L		l - L				
Date of Incorporation:			// (Month/Day/Year)							
Date of Commencement of Operations:			/ (Month/Day/Year)							
Authorized Busine Representative Na	SS	ast				First				Middle Initial
Authorized Business Representative Phone Number:		(	)		<u> </u>					
Position of Authorized Business Representative:										

B. REQUIRED VERIFICATIONS	В.	<b>REQUIRED</b>	<b>VERIFICATION</b>	NS
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- (1) I, or my business, had a contract in place with a third party, or booked a reservation scheduled by a third party, prior to or on April 20, 2010;
- (2) The contract or reservation was scheduled to be performed or occur between April 21, 2010 and December 31, 2010;
- (3) The third party canceled the contract or reservation between April 21, 2010 and December 31, 2010 as a result of the Deepwater Horizon Spill;
- (4) I, or my business, was unable to replace the contract or reservation, on the same or similar terms, between April 21, 2010 and the date that my claim was filed; and
- (5) No contemporaneous written evidence exists that shows that I, or my business, was unable to replace the contract or reservation on the same or similar terms.

Description of any efforts taken by you or your Business to replace the Canceled Contract or Canceled Reservation	
Description of the extent to which you or your Business was unable to replace the Canceled Contract or Canceled Reservation	

## C. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement 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 Statement 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.

Date Signed:	/	Signature	
Name: (Printed or Typed)	Last	First	Middle Initial
Title			