

Name:		SSN or EIN:		Claimant #:	
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<b>GCCF 2000-C</b>	<b>GULF COAST CLAIMS FACILITY CLAIM FORM</b>
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<p>This Claim Form is to be completed for individuals or businesses who wish to receive payment for damages suffered as a result of the Deepwater Horizon Incident on April 20, 2010 and resulting oil discharges (“the Spill”). To learn more about filing a claim, go to <a href="http://www.GulfCoastClaimsFacility.com">www.GulfCoastClaimsFacility.com</a>, call toll free at 1-800-916-4893, or visit a Gulf Coast Claims Facility (“GCCF”) Site Office.</p>	<b>CLAIMANT IDENTIFICATION NUMBER:</b> (To be provided by GCCF)
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**I. INSTRUCTIONS**

1. You may fill out and submit a Claim Form and supporting documents to the GCCF online by visiting the Facility’s website at [www.GulfCoastClaimsFacility.com](http://www.GulfCoastClaimsFacility.com). If you do not submit your claim online, follow Instructions 2-4 below and the other instructions contained in this Claim Form to submit your claim and supporting documents by mail, email, overnight delivery, fax or in person.
2. Type your answers or print them in black ink. Put the requested identification number or previously issued Claimant Identification Number at the top of each page, in case the pages get separated. If you are an Individual Claimant, enter your Social Security Number in the box at the top of each page. If you are a Business Claimant, enter your Employer Identification Number.
3. Print or type the name of the Individual or Business Claimant, sign and date the Claim Form in Section IX.
4. The GCCF will assign you a Claimant Identification Number. That Claimant Identification Number will allow you to track the status of your claim online and will be your claim identification number throughout the claims process. You can get information about your claim online at [www.GulfCoastClaimsFacility.com](http://www.GulfCoastClaimsFacility.com), by phone toll free at 1-800-916-4893, or in person at a GCCF Claims Site Office.

**II. CLAIMANT INFORMATION**

**A. INDIVIDUAL CLAIMANT INFORMATION**

Provide the following information about the person who was affected or injured by the Spill. **All Individual Claimants must complete each question in this section.**

1. Last Name:			
2. First Name:			
3. Middle Name:			
4. Current Address:	Street		
	City	State	Zip
	Parish/County		Country
5. Home Phone Number:	(    )    -		
6. Cell Phone Number:	(    )    -		
7. Email Address:			
8. Date of Birth:	____/____/____ (Month/Day/Year)		

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<b>9. Social Security Number</b> <input type="checkbox"/> or <b>Individual Taxpayer Identification Number</b> <input type="checkbox"/> (Check which is applicable.)	_ _ _ _  -  _ _  -  _ _ _ _ _   _ _ _ _  -  _ _  -  _ _ _ _ _
<b>10. Are you a U.S. Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. If Not, Proof of Legal Residency Attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. BUSINESS CLAIMANT INFORMATION**

Provide the following information if you are completing this form for a business that was affected by the Spill. **All Business Claimants must complete each question in this section.**

**B.1. Information about the Business**

<b>12. Name of Business:</b>			
<b>13. Type of Business:</b>			
<b>14. Business Address:</b>	Street		
	City	State	Zip
	Parish/County	Country	
<b>15. Phone Number:</b>	(  _ _  )  _ _ _ _  -  _ _ _ _ _		
<b>16. Fax Number:</b>	(  _ _  )  _ _ _ _  -  _ _ _ _ _		
<b>17. Website Address:</b>			
<b>18. Other Business Name:</b>			
<b>19. Employer Identification Number (EIN):</b>	_ _ _  -  _ _ _ _ _		
<b>20. Business Activity Code (NAICS):</b>			
<b>21. Date and Place Founded/Incorporated:</b>	_ / _ / _  (Month/Day/Year)	_____ Place	

**B.2. Information about the Authorized Business Representative**

<b>22. Last Name:</b>	
<b>23. First Name:</b>	



Name:		SSN or EIN:		Claimant #:	
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#### IV. CLAIM INFORMATION

##### TYPE OF INJURY OR DAMAGE

Check which claim type you want to make. You may check more than one claim type. For any claim type you check, indicate whether you are submitting a claim now for an Emergency Advance Payment or a Final Payment. If you are seeking a single Emergency Advance Payment, check the "One Month" box. If you apply for a one month payment and subsequently need to apply for another month, you must submit a Supplemental Request Form for Emergency Advance Payments for each subsequent month. Enter the amount you are claiming now for each claim type. If you have previously received a payment, do not include that amount in the amount you are requesting. **All Claimants must complete this section.**

	Claim Type	Seeking Emergency Advance Payment or Final Payment?			Amount Claimed
		Emergency		Final	
		One Month	Six Months		
A.	Removal and Clean Up Costs <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
B.	Real or Personal Property <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
C.	Lost Earnings or Profits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
D.	Loss of Subsistence Use of Natural Resources <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
E.	Physical Injury/Death (Individual Claimants Only) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

For each claim type checked above, complete the corresponding section of this Claim Form below. You must provide documentation or evidence of the damage or injury for each claim type checked above. Exhibit A to this Claim Form lists the supporting documentation you must submit to support each claim type.

#### A. REMOVAL AND CLEAN UP COSTS

Complete this section if you seek to recover costs incurred to remove oil discharged by the Spill and/or costs to prevent, minimize or mitigate oil pollution when there is substantial threat of a discharge of oil due to the Spill. You can claim costs for both preventative and clean up measures. Indicate whether the actions taken were approved by the Federal On-Scene Coordinator. If you are claiming multiple removal and clean up costs and need additional pages, photocopy this page before filling it in and attach the copy to this Claim Form. Make as many copies as you need. **You must provide documentation to support your claim, as directed on Exhibit A.**

##### A.1. Questions for All Claimants

All Claimants claiming Removal and Clean Up Costs must answer Questions 37-41.

37. Location of removal and clean up activity:	
38. Describe in detail the removal and clean up activity:	
39. Date(s) of removal and clean up activity:	___/___/___ to ___/___/___ (Month/Day/Year) (Month/Day/Year)
40. Were these removal and clean up activities approved by the Federal On-Scene Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Total amount claimed:	\$

Name:		SSN or EIN:		Claimant #:	
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**A.2. Questions for Claimants Seeking Final Payment**

Answer Questions 42-44 if you are seeking Final Payment for Removal and Clean Up Costs. If you are seeking only an Emergency Advance Payment at this time, do not answer Questions 42-44.

42. Are these removal and clean up activities ongoing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Amount of anticipated future costs associated with removal and clean up activity:	\$ _____
44. Provide anticipated time period for future removal and clean up costs claimed:	____/____/____ to ____/____/____ (Month/Day/Year)                      (Month/Day/Year)

**B. REAL OR PERSONAL PROPERTY**

Complete this section if you seek damages for any physical damage to real, personal or business property that you own or lease. If you are an owner of a property that you lease to someone else, you must notify the lessee that you are filing a claim. If you lease a property from someone else, you must notify the owner that you are filing a claim. If you suffered damage to more than one piece of property and need additional pages, photocopy this page before filling it in and attach the copy to this Claim Form. Make as many copies as you need. **All Claimants claiming Real or Personal Property damage must complete this section. You must provide documentation to support your claim, as directed on Exhibit A.**

**B.1. Real Property**

45. Property Address:	Street		
	City	State	Zip
	Parish/County		Country
46. Your relationship to this property:		<input type="checkbox"/> Owner <input type="checkbox"/> Renter	
47a. Value of property before damage:	\$ _____	47b. Value of property after damage:	\$ _____

**B.2. Personal or Business Property**

48. Was there damage to personal or business property (such as equipment, machinery, boats or personal watercraft)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
49. Location of personal property on the date of the damage caused by the Spill:		Location: _____	
50. Identify the affected property:		<input type="checkbox"/> Equipment <input type="checkbox"/> Machinery <input type="checkbox"/> Boat <input type="checkbox"/> Other (specify): _____	
51. Provide the following information if available:		Make:	Model:
		Year:	Identification Number:
51a. Claimed cost to repair:		51b. Claimed cost to replace:	
51c. Value of property before damage:		51d. Value of property after damage:	
52. Your relationship to this property:		<input type="checkbox"/> Owner <input type="checkbox"/> Renter	

Name:		SSN or EIN:		Claimant #:	
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**B.3. Economic Losses Resulting from Destruction of Real or Personal Property**

If you seek economic losses resulting from the destruction of real or personal property due to the Spill, answer questions 53-55.

53. Describe the economic losses you incurred as a result of the destruction of real or personal property:

54. Date you incurred economic losses due to the destruction of real or personal property:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

55. Amount of economic losses incurred due to the destruction of real or personal property:

\$

**C. LOST EARNINGS OR PROFITS**

Complete this section if you seek lost earnings or profits due to the Spill. **You must provide documentation to support your claim, as directed on Exhibit A.**

**C.1. Questions for All Claimants**

All Claimants claiming lost earnings or profits must answer Questions 56-60.

56. For Individual Claimants, state the occupation you held before you began losing earnings. For Business Claimants, state the sources of income for the business before it began losing profits:

57. For Individual Claimants, state the location of your employment before you began losing earnings. For Business Claimants, state the location of your business:

58. Date you began losing earnings or profits:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

59. Earnings or profits earned before losses began:

\$ \_\_\_\_\_

Yearly     Monthly     Weekly  
 Other (describe the frequency of the earnings or profits and provide the dates for the amount earned):

60. Amount and source of earnings or profits received from any sources since you began losing earnings or profits (including earnings from the Vessels of Opportunity Program):

\$ \_\_\_\_\_

Source of earnings or profits (specify):

\_\_\_\_\_

Name:		SSN or EIN:		Claimant #:	
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**C.2. Questions for Claimants Seeking Final Payment**

**Answer Questions 61-62 if you are seeking Final Payment for lost earnings or profits. If you are only seeking an Emergency Advance Payment at this time, do not answer Questions 61-62.**

<p><b>61. Are you still losing earnings or profits?</b></p>	<p><input type="checkbox"/> Yes, I am still losing earnings or profits.</p> <p><input type="checkbox"/> No, I stopped losing earnings or profits on ___/___/____. (Month/Day/Year)</p>
<p><b>62. Total earnings or profits earned after losses began:</b></p>	<p>\$ _____</p> <p><input type="checkbox"/> Yearly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Other (describe how often these earnings or profits were earned and provide the dates for the amount earned):</p>

**D. LOSS OF SUBSISTENCE USE OF NATURAL RESOURCES**

Complete this section if you suffered damages to your ability to rely, without purchase, on natural resources for food, shelter, clothing, medicine, or other minimum necessities of life because of the Spill. **You must provide documentation to support your claim, as directed on Exhibit A.**

**D.1. Questions for All Claimants**

**All Claimants claiming Loss of Subsistence Use of Natural Resources must answer Questions 63-64.**

**63. Identify the natural resource that you relied on for subsistence, prior to the Spill, and how it has been affected by the Spill:**

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<p><b>64. What is the estimated monthly loss or cost of replacement?</b></p>	<p>\$ _____</p>
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**D.2. Questions for Claimants Seeking Final Payment**

**Only Claimants seeking Final Payment for Loss of Subsistence Use of Natural Resources should complete this section. If you are only seeking an Emergency Advance Payment at this time, do not complete this section.**

**65. Describe how frequently you used this natural resource and its approximate monthly value to you.**

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Name:		SSN or EIN:		Claimant #:	
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**E. PHYSICAL INJURY/DEATH**

Complete this section if damages are claimed for physical injury to the body or death proximately caused by the Spill or the explosion and fire associated with the Deepwater Horizon Incident on April 20, 2010. **All Claimants claiming Physical Injury/Death must complete this section. You must provide documentation to support your claim, as directed on Exhibit A.**

**E.1. Information Regarding Physical Injury/Death**

**66. Provide the date you were first injured, state whether the injury is resolved or ongoing, give the geographic location where the injury occurred and describe the nature of your physical injury.**

**67. If you are seeking damages for death, provide the name of the decedent, the date of the death, and the geographic location where the death occurred.**

**68. State the amount of compensation you seek for any injury or death listed above:**

**E.2. Economic Losses Resulting from Physical Injury/Death**

If you seek lost income resulting from physical injury/death proximately caused by the Spill, answer questions 69-72.

**69. For Individual Claimants, state the occupation you or the decedent held before you began losing income:**

**70. Date you began losing income:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

**71. Income earned before losses began:**

\$ \_\_\_\_\_

- Yearly     Monthly     Weekly  
 Other (describe the frequency of the income and provide the dates for the amount earned):

**72. Amount and source of income received from any sources since you began losing income:**

\$ \_\_\_\_\_

Source of income (specify):  
 \_\_\_\_\_

Name:		SSN or EIN:		Claimant #:	
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### V. COLLATERAL SOURCE COMPENSATION

**If you are only seeking an Emergency Advance Payment at this time, do not complete this section.** If you are seeking a Final Payment, you must complete this section to provide information on unemployment compensation, private insurance or any other government benefits received relating to any claim type.

73. Have you received unemployment insurance compensation since the Spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Have you received compensation from private insurance since the Spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Name of Carrier or Provider:	
76. Account or Policy Number:	
77. Amount of insurance benefits received:	\$
78. Have you received any other Government benefits since the Spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79. Describe any Government benefits you received, other than unemployment insurance compensation:	

### VI. ALTERNATE CONTACT INFORMATION FOR INDIVIDUAL CLAIMANTS (Optional)

Individual Claimants may provide information for someone we can contact in case we are unable to reach you. **This section is optional and does not apply to Business Claimants.**

80. Last Name:				
81. First Name:				
82. Middle Name:				
83. Current Address:	Street			
	City	State	Zip	Country
84. Home Phone Number:	(    )    -			
85. Cell Phone Number:	(    )    -			
86. Email Address:				

**VII. REPRESENTATIVE CLAIMANT INFORMATION**

You must complete each question in this section if you are filling out this Claim Form for an Individual Claimant affected or injured by the Spill who is deceased, or is incompetent or legally incapacitated and unable to complete the Claim Form for himself or herself. (If you are filing for a deceased individual you must provide proof that you are the Personal Representative of the Estate.) **This section does not apply to Business Claimants.**

<b>87. Reason person affected or injured by the Spill is unable to complete the Claim Form:</b>	
<b>88. Your relationship to Claimant:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other (specify): _____

Provide *your* name and contact information below.

<b>89. Last Name:</b>				
<b>90. First Name:</b>				
<b>91. Middle Name:</b>				
<b>92. Current Address:</b>	Street			
	City	State	Zip	Country
<b>93. Home Phone Number:</b>	(    )                          -			
<b>94. Cell Phone Number:</b>	(    )                          -			
<b>95. Email Address:</b>				
<b>96. Social Security Number</b> <input type="checkbox"/>	-             -			
or				
<b>Individual Taxpayer Identification Number</b> <input type="checkbox"/>	-             -			
(Check which is applicable.)				

**VIII. METHOD OF PAYMENT**

Complete this section to choose how you would like to receive your payment. You may choose to receive payment by check or by a direct wire deposit/electronic fund transfer into your account. Based on your selection, complete the appropriate section below. Do not complete both sections.

**A. ELECTION TO RECEIVE PAYMENT BY WIRE TRANSFER**

Complete this section if you want to receive your payment by direct deposit/electronic fund transfer. If you want to receive your payment by check, do not complete this section.

<b>97. Do you want to receive your payment by direct deposit/electronic fund transfer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>98. Bank Name to Which Wire is to be Sent:</b>	Bank Name				
	Street				
	City	State	Zip	Country	
<b>99. Bank Telephone Number:</b>					
<b>100. Bank ABA/Routing Number:</b>					
<b>101. Account Name:</b>					
<b>102. Account Number:</b>					

**B. ELECTION TO RECEIVE PAYMENT BY CHECK**

Complete this section if you want to receive your payment by check. For Emergency Advance Payments, checks will be sent by overnight courier and will be made payable to the Individual or Business Claimant who completes this Claim Form. (Be sure to provide your Street Address for overnight delivery.) If you want to receive your payment by wire transfer, do not complete this section.

<b>103. Do you want to receive your payments by check?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>104. If Yes, and you are an individual who does not have your own bank account, please review the Notice attached to this Claim Form. After reviewing this Notice, elect whether you prefer to receive one check or multiple checks.</b>	<input type="checkbox"/> One Check <input type="checkbox"/> Multiple Checks

Provide the street address to which you would like the check(s) to be sent in the space below.

<b>105. Payment Address:</b>	Street				
	City	State	Zip	Country	

Name:		SSN or EIN:		Claimant #:	
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### IX. SIGNATURE

I certify that the information provided in this Claim Form is true and accurate 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 Gulf Coast Claims Facility (“GCCF”) and those assisting the GCCF of any information about me that it believes necessary and/or helpful to process my claim for compensation and any award resulting from that claim, including any appeal of that award, legitimate business purposes associated with administering the GCCF, and/or as otherwise required by law, regulation or judicial process. My consent also includes release to the GCCF by the relevant state unemployment compensation agency of any information regarding any unemployment benefits I received for periods of unemployment on or after April 20, 2010.

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

<b>Has anyone, other than a family member or an Attorney you identified in Section III, assisted you in the preparation of this Claim Form?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of individual and company, if applicable:</b>	

### HOW TO SUBMIT THIS CLAIM FORM

Submit this Claim Form and the supporting documents required in Exhibit A to the GCCF by one of the following methods:

**Regular Mail:**  
 Gulf Coast Claims Facility (“GCCF”)  
 Kenneth R. Feinberg, Administrator  
 P.O. Box 9658  
 Dublin, OH 43017-4958

**Overnight, Certified or Registered Mail:**  
 Gulf Coast Claims Facility (“GCCF”)  
 Kenneth R. Feinberg, Administrator  
 5151 Blazer Pkwy., Suite A  
 Dublin, OH 43017

**Fax:**  
 1-866-682-1772

**Email Attachment:**  
[info@gccf-claims.com](mailto:info@gccf-claims.com)

When attaching your supporting documents, be sure to provide the appropriate identification number (your Social Security Number, or other Tax Identification Number). On Exhibit A to this Claim Form, check off each type of document you are submitting in support of your claim. Attach all supporting documents to the Claim Form and submit your Claim to the GCCF.

Name:		SSN or EIN:		Claimant #:	
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<b>GCCF 2000-C EXHIBIT A</b>	<b>SUPPORTING DOCUMENTATION FOR INDIVIDUAL AND BUSINESS CLAIMS GULF COAST CLAIMS FACILITY</b>
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You must provide documentation for each type of injury or damage you claimed in Section IV.A of the Claim Form. For Emergency Advance Payments, you must provide each of the documents required in the column labeled "Documents for Claimants Seeking Emergency Advance Payments." If you do not have each of the documents required for an Emergency Advance Payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. The documents listed in the column labeled "Documents for Claimants Seeking Final Payment" are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as you have available. The GCCF will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether you are providing that document.

**I. REMOVAL AND CLEAN UP COSTS**

	Document	Documents for Claimants Seeking Emergency Advance Payments	Documents for Claimants Seeking Final Payment
1.	Documents describing the removal actions.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents providing the dates on which work was performed.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Documents providing the analysis of spill substance.		<input type="checkbox"/>
4.	Maps of the area.		<input type="checkbox"/>
5.	Pictures of the area.		<input type="checkbox"/>
6.	Receipts, invoices, or similar records with description of the work.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Documents explaining how the rates were determined and any comparison of the rates.		<input type="checkbox"/>
8.	Daily records of the personnel costs including details on labor rates, hours, travel, and transportation.		<input type="checkbox"/>
9.	Daily records of the equipment costs including description and use.		<input type="checkbox"/>
10.	Signed disposal manifests and proof of payment for the disposal.		<input type="checkbox"/>
11.	Payroll verification documents showing hourly rates at the time of the Spill.		<input type="checkbox"/>
12.	Documents showing verification of the standard equipment rates for equipment used.		<input type="checkbox"/>
13.	Documentation of payments received from private insurance.		<input type="checkbox"/>
14.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

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<b>GCCF 2000-C EXHIBIT A</b>	<b>SUPPORTING DOCUMENTATION FOR INDIVIDUAL AND BUSINESS CLAIMS GULF COAST CLAIMS FACILITY</b>
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You must provide documentation for each type of injury or damage you claimed in Section IV.B of the Claim Form. For Emergency Advance Payments, you must provide each of the documents required in the column labeled "Documents for Claimants Seeking Emergency Advance Payments." If you do not have each of the documents required for an Emergency Advance Payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. The documents listed in the column labeled "Documents for Claimants Seeking Final Payment" are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as you have available. The GCCF will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether you are providing that document.

### II. REAL OR PERSONAL PROPERTY

	Document	Documents for Claimants Seeking Emergency Advance Payments	Documents for Claimants Seeking Final Payment
1.	Copy of title, deed, lease, or license to property in Claimant's name.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents demonstrating that the property was injured or destroyed.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Documents showing the value of property both before and after the injury.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Documents showing the cost of repair or replacement of the property including copies of bills paid for repair of damage or estimates showing activities and costs to repair the damage.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Documents demonstrating that the property was not usable because of the Spill.		<input type="checkbox"/>
6.	Documents showing whether substitute property was available and, if used, the costs thereof.		<input type="checkbox"/>
7.	Pictures or videotape of the property and/or the damage.		<input type="checkbox"/>
8.	Maps or legal documents showing the location of the property within the Spill area.		<input type="checkbox"/>
9.	If property was sold, professional property appraisals for the value of the property prior to and after the Spill, actual selling price of the property, and evidence connecting the depressed selling price to the Spill rather than to other economic or real property factors.		<input type="checkbox"/>
10.	Documents showing any expenses or money lost while the property was unavailable because of the Spill damage.		<input type="checkbox"/>
11.	Lease or rental agreement of any substitute property used.		<input type="checkbox"/>
12.	Documentation of payments received from private insurance.		<input type="checkbox"/>
13.	Documents demonstrating that the economic loss claimed was incurred as the result of the physical injury or destruction of the property.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

Name:		SSN or EIN:		Claimant #:	
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**GCCF 2000-C  
EXHIBIT A**

**SUPPORTING DOCUMENTATION FOR INDIVIDUAL CLAIMS  
GULF COAST CLAIMS FACILITY**

**This section of Exhibit A applies to Individual Claimants only. Business Claimants should proceed to the next section of Exhibit A.** You must provide documentation for each type of injury or damage you claimed in Section IV.C of the Claim Form. For Emergency Advance Payments, you must provide each of the documents required in the column labeled "Documents for Claimants Seeking Emergency Advance Payments." If you do not have each of the documents required for an Emergency Advance Payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. The documents listed in the column labeled "Documents for Claimants Seeking Final Payment" are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as you have available. The GCCF will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether you are providing that document.

**III. LOST EARNINGS OR PROFITS CLAIMS - INDIVIDUALS**

	<b>Document</b>	<b>Documents for Claimants Seeking Emergency Advance Payments</b>	<b>Documents for Claimants Seeking Final Payment</b>
1.	Documents showing the property or natural resources that were injured, destroyed or lost resulting in lost earnings or profits.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Fishing License (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
3.	Affidavit from an employer on the impact on Claimant's work or income due to the Spill.		<input type="checkbox"/>
4.	Copies of pay stubs, receipts, etc. from before the Spill.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Personnel records from an employer before the Spill showing employment.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Documents providing a description of the efforts to reduce loss, including job search.		<input type="checkbox"/>
7.	Copies of any job-hunting expenses (e.g., travel costs).		<input type="checkbox"/>
8.	Signed copies of income tax returns and schedules for 2008-2009.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Documents providing the details of employment expenses not incurred during the period being claimed (e.g., commuting costs).		<input type="checkbox"/>
10.	Copies of pay stubs, etc., from alternative employment during the period being claimed.		<input type="checkbox"/>
11.	When records are unavailable, a notarized statement from a Public Official or a member of the clergy may be submitted attesting to the occupation and employment background of the Claimant.		<input type="checkbox"/>
12.	Documentation of unemployment compensation or other government benefits received.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Documentation of payments received from private insurance.		<input type="checkbox"/>
14.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

Name:		SSN or EIN:		Claimant #:	
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<b>GCCF 2000-C EXHIBIT A</b>	<b>SUPPORTING DOCUMENTATION FOR BUSINESS CLAIMS GULF COAST CLAIMS FACILITY</b>
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**This section of Exhibit A applies to Business Claimants only.** The Business Claimant must provide documentation for each type of injury or damage claimed in Section IV.C of the Claim Form. For Emergency Advance Payments, the Business Claimant must provide each of the documents required in the column labeled "Documents for Claimants Seeking Emergency Advance Payments." If the Business Claimant does not have each of the documents required for an Emergency Advance Payment but has another type of proof that the Business Claimant believes supports its claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. The documents listed in the column labeled "Documents for Claimants Seeking Final Payment" are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as the Business Claimant has available. The GCCF will evaluate the claim based on the information and documentation submitted and will contact the Authorized Business Representative if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether the business is providing that document.

#### IV. LOST EARNINGS OR PROFITS CLAIMS - BUSINESSES

	Document	Documents for Business Claimants Seeking Emergency Advance Payments	Documents for Business Claimants Seeking Final Payment
1.	Documents showing dependence on the property or natural resources that were injured, destroyed or lost resulting in lost earnings or profits.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents providing description of business losses due to the Spill.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Maps or description of area showing business location.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Copies of monthly financial statements for 2007-2010. (If new or start-up business, provide all available financial statements and a business plan.)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copies of letters of business cancellations caused by the Spill.		<input type="checkbox"/>
6.	Signed copies of income tax returns and schedules for 2007-2009.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Documents providing details on efforts to mitigate losses or why no efforts were taken.		<input type="checkbox"/>
8.	For hotels, documentation of monthly occupancy information for 2007-2010.		<input type="checkbox"/>
9.	Documentation of payments received from private insurance.		<input type="checkbox"/>
10.	Docking/Marina Fees (for Charter Boat Owners).	<input type="checkbox"/>	<input type="checkbox"/>
11.	Documentation demonstrating canceled contracts.		<input type="checkbox"/>
12.	Documentation for refunds of any deposit for canceled contracts.		<input type="checkbox"/>
13.	Valid Commercial Fishing License (for Commercial Fishing Business).	<input type="checkbox"/>	<input type="checkbox"/>
14.	Record of monthly sales from January 2009 – December 2009.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Record of monthly sales for January 2008 – December 2009 and to date.		<input type="checkbox"/>
16.	Monthly sales records (sales tax returns, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

<b>GCCF 2000-C EXHIBIT A</b>	<b>SUPPORTING DOCUMENTATION FOR INDIVIDUAL CLAIMS GULF COAST CLAIMS FACILITY</b>
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You must provide documentation for each type of injury or damage you claimed in Section IV.D of the Claim Form. For Emergency Advance Payments, you must provide each of the documents required in the column labeled “Documents for Claimants Seeking Emergency Advance Payments.” If you do not have each of the documents required for an Emergency Advance Payment but have another type of proof that you believe supports your claim, check the last item on the list, “Other proof, if applicable,” and provide that documentation. The documents listed in the column labeled “Documents for Claimants Seeking Final Payment” are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as you have available. The GCCF will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether you are providing that document.

**V. LOSS OF SUBSISTENCE USE OF NATURAL RESOURCES**

	Document	Documents for Claimants Seeking Emergency Advance Payments	Documents for Claimants Seeking Final Payment
1.	Documents identifying the specific natural resource for which compensation for loss of subsistence use is being claimed.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents providing a description of the actual subsistence use of each specific natural resource identified.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Documents providing a description of how and to what extent the subsistence use of the natural resource was affected by the injury to, destruction of, or loss of the specific natural resource.		<input type="checkbox"/>
4.	Documents providing a description of the efforts made to mitigate the subsistence use loss.		<input type="checkbox"/>
5.	Documents providing a description of each alternative source or means of subsistence available during the period of time for which the loss of subsistence is claimed.		<input type="checkbox"/>
6.	Documents providing a description of any compensation available for the subsistence loss.		<input type="checkbox"/>
7.	Photographs, videos, maps.		<input type="checkbox"/>
8.	Published accounts, witness statements and other written records documenting the claimed use of natural resources for subsistence purposes before, during, and after the Spill.		<input type="checkbox"/>
9.	Store and barter receipts showing the replacement costs claimed.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Witness statements and documents showing the alternative sources of subsistence, and Claimant’s efforts to reduce the damages resulting from the loss of subsistence use.		<input type="checkbox"/>
11.	Records showing the expenses avoided during the time Claimant was not able to carry out subsistence use of the affected natural resource.		<input type="checkbox"/>
12.	Documentation of any compensation received for the subsistence loss.		<input type="checkbox"/>
13.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

Name:		SSN or EIN:		Claimant #:	
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**GCCF 2000-C  
EXHIBIT A**

**SUPPORTING DOCUMENTATION FOR INDIVIDUAL CLAIMS  
GULF COAST CLAIMS FACILITY**

**This section of Exhibit A applies to Individual Claimants only.** You must provide documentation for each type of injury or damage you claimed in Section IV.E of the Claim Form. For Emergency Advance Payments, you must provide each of the documents required in the column labeled "Documents for Claimants Seeking Emergency Advance Payments." If you do not have each of the documents required for an Emergency Advance Payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. The documents listed in the column labeled "Documents for Claimants Seeking Final Payment" are examples of the types of documents that may support a claim for Final Payment. Provide as many types of such documentation as you have available. The GCCF will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether you are providing that document.

**VI. PHYSICAL INJURY/DEATH**

Document		Documents for Claimants Seeking Emergency Advance Payments	Documents for Claimants Seeking Final Payment
1.	Documents providing a description of the injury.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents providing a description of the cause of the injury/death.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Identification of the geographic location where the injury/death occurred.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proof of injury, including medical records, medical bills, and pharmacy records.	<input type="checkbox"/>	<input type="checkbox"/>
5.	If death is being claimed, copy of death certificate and, where available, autopsy report. In addition, include all in-patient hospital records if death occurred while in the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
6.	If claim is submitted for a deceased individual, provide documentation that the Claimant is the Personal Representative of the Estate.	<input type="checkbox"/>	<input type="checkbox"/>
7.	If disability is claimed, proof of degree of disability.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Documentation of payments received from private insurance.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Proof of lost income.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Other proof, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>