Crabber Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL CRABBER LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE VESSEL LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE COMMERCIAL GEAR LICENSE NUMBER: TX, LA, MS, AL, FL	

IS THIS CLAIM RELATED TO DAMAGE TO PROPERTY? □ YES □ NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM RELATED TO DAMAGE TO EQUIPMENT? □ YES □ NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM FOR LOSS OF PROFITS AND/OR EARNINGS? □ YES □ NO
IF YES, PLEASE COMPLETE PART B.

PART A: DESCRIBE IN DETAIL THE DAMAGES TO PROPERTY OR EQUIPMENT:

_____
_____
_____
_____
_____

HAVE REPAIRS BEEN MADE? □ YES □ NO

PART B: DESCRIBE IN DETAIL THE LOSS OF PROFITS AND/OR EARNINGS:

_____
_____
_____
_____
_____

DESCRIBE THE NUMBER AND TYPES OF TRAPS YOU USE TO HARVEST CRABS:

_____
_____
_____
_____
_____

IDENTIFY AS CLOSELY AS POSSIBLE WHERE YOUR CRAB TRAPS WERE PLACED (OR ATTACH A MAP):

_____
_____
_____
_____
_____

HOW MANY CRAB TRAPS ARE INCLUDED IN THIS CLAIM? -
_____

HOW MANY CRAB TRAPS HAVE NOT BEEN RECOVERED?
_____

DID YOU SEE OIL IN THE WATER IN THE AREA OF YOUR CRAB TRAPS? □ YES □ NO

IF YES, ON WHAT DATE(S)?
_____

DID ANYONE ELSE SEE OIL IN THE WATER ON THESE DATE(S)? □ YES □ NO

IF YES, PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THOSE WHO SAW OIL IN THE WATER ON THESE DATES:

_____
_____
_____
_____
_____

WHAT WAS THE AMOUNT OF HARVEST AND/OR SALES OF CRABS HARVESTED FROM THE AREA IDENTIFIED IN THIS CLAIM FOR THREE YEARS PRIOR TO THIS DATE?

AMOUNT(s) _____DATE(s) _____

DO YOU HAVE RECORDS OR RECEIPTS? □ YES □ NO
IF YES, PLEASE ATTACH.

WHAT WAS THE AMOUNT OF INCOME YOU DECLARED ON YOUR TAX RETURNS FROM THE SALES OF CRABS FOR THE PAST THREE YEARS?

2007 _____2008 _____2009 _____

DO YOU HAVE RECORDS THAT SHOW YOUR EXPENSES RELATED TO YOUR CRABBING OPERATIONS?

□ YES □ NO

HAVE YOU EVER RECEIVED ANY TYPE OF DAMAGES SETTLEMENT OR OTHER PAYMENT REGARDING THE CRAB FISHERIES NAMED IN THIS CLAIM?

□ YES □ NO

IF YES:
WHAT WAS THE AMOUNT OF THE SETTLEMENT OR OTHER PAYMENT? _____
WHO PAID THE SETTLEMENT OR OTHER PAYMENT? _____

ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME COMMERCIAL CRABBER? □ YES □ NO

IF NO:
WHAT IS YOUR OTHER EMPLOYMENT AND/OR OCCUPATION? _____
WHAT PERCENTAGE OF YOUR INCOME IS DERIVED FROM THIS OTHER EMPLOYMENT? _____

SINCE APRIL 21, 2010, HAVE YOU ATTEMPTED TO CRAB OUTSIDE OF THE AREA IDENTIFIED IN THIS CLAIM? □ YES □ NO

IF YES:
PROVIDE LOCATIONS, NUMBER OF CRAB TRAPS USED AT EACH LOCATION, AMOUNT OF CRABS HARVESTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM THOSE SALES.
_____
_____
_____

_____
_____

WHAT IS THE FULL AMOUNT YOU ARE REQUESTING FOR THIS CLAIM?
_____

HOW DID YOU ARRIVE AT THIS FIGURE?
_____
_____

HAVE YOU ALREADY SUBMITTED THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY? □ YES □ NO

_____
_____

IF YES, PROVIDE THE NAME AND ADDRESS OF THE COMPANY OR AGENCY:
_____
_____

DO YOU PLAN TO SUBMIT THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY?
□ YES □ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF COMPANY OR AGENCY:
_____
_____

ARE YOU REPRESENTED BY AN ATTORNEY?

□ YES □ NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:
_____
_____

FISHERIES LOSS
COMMERCIAL CRAB FISHERMAN
File Checklist for Documentation

A. DAILY SALES JOURNALS

____DAILY SALES JOURNALS JANUARY 1, 2010-APRIL 21, 2010

____DAILY SALES JOURNALS JANUARY 2009-DECEMBER 2009

____DAILY SALES JOURNAL JANUARY 2008–DECEMBER 2008

B. SALES RECEIPTS

____VENDOR SALES RECEIPTS-JANUARY 2010–MARCH 2010

____VENDOR SALES RECEIPTS-JANUARY 2009-DECEMBER 2009

____VENDOR SALES RECEIPTS-JANUARY 2008–DECEMBER 2008

C. INCOME TAX STATEMENTS

____ 2010 FEDERAL INCOME TAX RETURN (profit/loss business)

____ 2009 FEDERAL INCOME TAX RETURN (profit/loss business)

D. LICENSE NUMBER(S)

_____COPY OF COMMERCIAL FISHERMAN'S LICENSE
LICENSE #_____

_____COPY OF COMMERCIAL GEAR LICENSE
LICENSE #_____

_____COPY OF COMMERCIAL VESSEL LICENSE
LICENSE #_____
_____COPY OF COMMERCIAL TRAP LICENSE FOR 2010
LICENSE #_____

ABOVE DOCUMENTATION IS A MINIMUM REQUIREMENT. IN SOME CASES, ADDITIONAL DOCUMENTATION MAY BE REQUIRED. IF YOU ARE UNABLE TO PRODUCE REQUIRED DOCUMENTATION, A WRITTEN EXPLANATION IS REQUIRED.