

Oyster Lease Owner Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
OYSTER LEASE NUMBER(S): TX, LA, MS, AL, FL	
PARISH/COUNTY OF RECORDATION AND DATE OF RECORDATION OF OYSTER LEASE(S): TX, LA, MS, AL, FL	

HOW LONG HAVE YOU HELD THIS/THESE OYSTER LEASE(S)?

DESCRIBE IN DETAIL THE NATURE OF DAMAGES CLAIMED:

DID YOU SEE OIL IN THE WATER WITHIN THE BOUNDARIES OF YOUR OYSTER LEASE(S)?

YES NO

IF YES, FOR EACH LEASE PROVIDE THE FOLLOWING: LEASE NUMBER, DATE(S) YOU SAW OIL IN THE WATER:

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:

LIST EACH LEASE AND THE CROP/OYSTER POPULATION OF MARKET-SIZED OYSTERS FOR EACH PRIOR TO APRIL 21, 2010:

HAVE YOU EVER HAD AN ASSESSMENT OF YOUR STANDING CROP/OYSTER POPULATION OF YOUR LEASE(S)? YES NO

IF YES, PROVIDE THE NAME OF THE PERSON(S) PERFORMING THE ASSESSMENT(S) AND THE DATE(S) OF THE ASSESSMENT(S). ATTACH COPIES.

HAVE YOU HAD AN ASSESSMENT OF YOUR OYSTER LEASE(S) SINCE APRIL 21, 2010.
 YES NO

IF YES, PROVIDE THE NAME OF THE PERSON(S) PERFORMING THE ASSESSMENT(S) AND THE DATE(S) OF THE ASSESSMENT(S). ATTACH COPIES.

DO YOU HAVE RECORDS AND OR SALES RECEIPTS OF THE HARVEST(S) FROM YOUR OYSTER LEASE(S)?

YES NO

IF YES, ARE THESE RECORDS/RECEIPTS AVAILABLE FOR OUR INSPECTION?

YES NO

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

2007 _____ 2008 _____ 2009 _____

ARE THESE TAX RECORDS AVAILABLE FOR OUR INSPECTION? YES NO

IDENTIFY ALL BUYERS OF OYSTERS FOR THE OYSTER LEASE(S) NAMED IN THIS CLAIM:

TO YOUR KNOWLEDGE, HAS A CLAIM EVER BEEN MADE PRIOR TO APRIL 21, 2010 FOR DAMAGES TO OR OYSTER MORTALITY REGARDING THE OYSTER LEASE(S) NAMED IN THIS CLAIM? YES NO

IF YES:

WHAT WAS THE NATURE OF EACH CLAIM FOR EACH OYSTER LEASE? INCLUDE TYPE OF DAMAGE, DATE THE CLAIM WAS FILED, NAME(S) OF PERSON(S) FILING THE CLAIM(S), AND PARTY AGAINST WHOM THE CLAIM(S) WERE FILED:

HAVE YOU EVER RECEIVED ANY TYPE OF DAMAGE STATEMENT, RIGHT-OF-WAY SETTLEMENT, OR OTHER PAYMENT FOR ANY OYSTER LEASE(S) THAT IS/ARE PART OF THIS CLAIM? YES NO

IF YES, PROVIDE THE LEASE NUMBER(S), DATE OF THE SETTLEMENT, AMOUNT OF THE SETTLEMENT, AND FROM WHOM THE SETTLEMENT AND/OR PAYMENTS WERE RECEIVED:

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 OYSTER 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 # _____

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.