

## Commercial Shrimper Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL SHRIMPER LICENSE NUMBER(S): TX, LA, MS, AL, FL	

IS THIS CLAIM FOR LOSS OF INCOME?     YES             NO

IS THIS CLAIM FOR DAMAGE TO A VESSEL(S) OR EQUIPMENT?     YES             NO

IF YES,  
WHAT IS THE NAME OF THE VESSEL(S)?

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WHAT IS THE STATE VESSEL LICENSE NUMBER(S)?

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DESCRIBE IN DETAIL THE NATURE OF DAMAGES CLAIMED. DESCRIBE THE DAMAGE TO THE VESSEL(S) OR EQUIPMENT. AND/OR DESCRIBE HOW YOUR INCOME HAS BEEN AFFECTED:

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DEFINE THE AREA WITHIN WHICH YOU COLLECT SHRIMP THAT HAS BEEN AFFECTED BY THE OIL SPILL. OR, DEFINE THE LOCATION OF YOUR STATIONARY NETS.

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STATE THE AMOUNT OF CATCH AND/OR SALES OF SHRIMP COLLECTED FROM THIS FOR THE PRIOR THREE YEARS. ALSO, PROVIDE THE DATE(S) OF CATCH SALE.

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DO YOU HAVE RECORDS AND OR SALES RECEIPTS OF THE CATCH(ES)?

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 SHRIMP FOR THE PAST THREE YEARS?

2007 \_\_\_\_\_ 2008 \_\_\_\_\_ 2009 \_\_\_\_\_

ARE THESE TAX RECORDS AVAILABLE FOR OUR INSPECTION?  YES       NO

ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME COMMERCIAL SHRIMPER?       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 COLLECT SHRIMP OUTSIDE OF THE AREA IDENTIFIED IN THIS CLAIM?       YES       NO

IF YES:

PROVIDE LOCATIONS, AMOUNT OF SHRIMP COLLECTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM THOSE SALES.

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

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HOW DID YOU ARRIVE AT THIS FIGURE?

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

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

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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:

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ARE YOU REPRESENTED BY AN ATTORNEY?

YES                       NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:

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**FISHERIES LOSS  
COMMERCIAL SHRIMP 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.