

## **Instructions – Gulf Coast Claims Facility Claim Form**

Follow these instructions to complete the Gulf Coast Claims Facility (“GCCF”) Claim Form (“Claim Form”).

### **Introduction**

#### **Who can use this Claim Form?**

This Claim Form is to be completed for individuals and businesses seeking payment for damages incurred as a result of the Deepwater Horizon Incident on April 20, 2010 and resulting oil discharges (“the Spill”).

#### **What if I need help completing this Claim Form?**

If you need assistance completing this Claim Form, contact the Gulf Coast Claims Facility toll free at 1-800-916-4893 (you will be prompted for multilingual telephone assistance), or visit [www.GulfCoastClaimsFacility.com](http://www.GulfCoastClaimsFacility.com). For TTY assistance call 1-866-682-1758.

#### **Do I have to fill out and mail in this Claim Form to make a claim?**

No. There are two other faster and easier ways to make a claim to the Gulf Coast Claims Facility:

- 1. Through the Internet:** You may obtain and submit a claim online by visiting the GCCF website: [www.GulfCoastClaimsFacility.com](http://www.GulfCoastClaimsFacility.com). Follow the simple steps online to complete a claim. Once completed, the claim will be automatically submitted to the GCCF Database. You will receive a printable confirmation immediately upon submission with a Claimant Identification Number. The Claimant Identification Number will be the claim identifier throughout the process.
- 2. In person:** By visiting a GCCF Claims Site Office. You may visit one of the GCCF Claims Site Offices to obtain, sign and submit a claim in person. You may either walk into one of the Claims Site Offices or may make an appointment by calling the toll free telephone line listed above. The locations of the Claims Site Offices are posted on the GCCF website, [www.GulfCoastClaimsFacility.com](http://www.GulfCoastClaimsFacility.com). A current list of Claims Site Offices is included as an attachment to these Instructions. If a visitor requires an interpreter, a Claims Evaluator will make arrangements to provide these services either by conference call or a scheduled return trip to the Claims Site Office. A Claims Evaluator will assist the Claimant in completing the Claim Form and will submit it for the Claimant. The Claims Evaluator will provide the Claimant with a confirmation of the claim submission and a Claimant Identification Number. The Claimant Identification Number will be the claim identifier throughout the process. A claim may not be submitted by telephoning the Claims Site Offices.

### **General Instructions**

#### **Do I use this Claim Form to apply for Emergency Advance Payments?**

Yes. If you want to receive payments right away for damages caused by the Spill, you can use this Claim Form to apply for an Emergency Advance Payment. You may apply for an Emergency Advance Payment for one month or for up to six months of losses. The GCCF will review your claim and determine whether you qualify for an Emergency Advance Payment and if so, how much. Any Emergency Advance Payments you receive will be deducted from your Final Payment. If you do not receive a Final Payment from the GCCF, the total Emergency Advance Payments you receive will be deducted from a payment you receive in another legal action associated with the Spill. If you are requesting an Emergency Advance Payment, you do not have to sign a release or waive any rights to assert additional claims as a result of the Spill. You will have to sign a release to get a Final Payment for all of your damages.

### **Do I use this Claim Form to apply for subsequent Emergency Advance Payments?**

No. If you have previously received a one month Emergency Advance Payment and wish to request a subsequent Emergency Advance Payment for the same claim, you must fill out and submit a Supplemental Request Form for Emergency Advance Payments. You must provide your name and Claimant Identification Number, the amount you are claiming as a subsequent Emergency Advance Payment, the amount you previously received, responses to questions regarding your claim, your signature, and supporting documentation. You do not need to resubmit any documents you previously provided with your Claim Form.

### **Do I also use this Claim Form to make a claim for a Final Payment?**

Yes. You can use this Claim Form if you want to assert a claim for all of your damages as a result of the Spill or a claim for physical injury or death caused by the Spill. The GCCF will evaluate your claim and make a determination concerning the amount of Final Payment, if any, you will receive. If you accept that determination, to receive a Final Payment you will have to sign a release waiving any rights you may have against BP to assert additional claims, to file an individual legal action, or to participate in other legal actions associated with the Spill.

### **How do I complete this Claim Form?**

1. Read all of the Instructions carefully before completing the Claim Form.
2. Pay close attention to which sections and questions apply to you. If you are only seeking an Emergency Advance Payment at this time, you will have fewer questions to answer.
3. Print or type your answers in black ink.
4. In the boxes on the top of each page of the Claim Form and on the documents you submit in support of your claim, you must provide the following in case the pages become separated:
  - a. Your Claimant Identification Number, if you have one;
  - b. The name of the Individual or Business; and
  - c. Your Social Security Number or Employer Identification Number. This must be the same number you provide in Section II.

### **What are the parts of this Claim Form?**

The Claim Form has ten parts:

**Section I – Instructions:** This section explains how to complete the Claim Form.

**Section II – Claimant Information:** This section requests information about the Individual or Business affected or injured by the Spill.

**Section III – Attorney Information:** Complete this section if the Individual or Business is represented by an attorney for the claim arising out of the Spill.

**Section IV – Claim Information:** This section addresses the information the GCCF needs to evaluate your claim(s).

**Section V – Collateral Source Compensation:** This section requests information about unemployment compensation, private insurance or any other government benefits you may have received since the Spill. You must complete this section if you are seeking a Final Payment.

**Section VI – Alternate Contact Information for Individual Claimants:** This section is optional, so you do not have to fill it out. Use this section if you want to provide us with contact information for another person in case the GCCF cannot reach you. This section does not apply to Business Claimants.

**Section VII – Representative Claimant Information:** Fill out this section if you are completing the Claim Form for an Individual who is deceased or otherwise incapacitated and cannot fill out the Claim Form for himself or herself. This section does not apply to Business Claimants.

**Section VIII – Method of Payment:** Use this section to indicate how you would like to receive your payment, if you qualify for one. The fastest way is for the funds to be wired to your bank account.

**Section IX – Signature:** Read this section carefully. By providing your signature in this section, you give your consent for the GCCF to use and disclose certain information about you. You also certify that the information contained in the Claim Form is true, correct, and complete.

**Exhibit A – Supporting Documentation for a Claim:** This checklist identifies examples of the supporting documentation that you must submit with the Claim Form and specifies which documents are required for Emergency Advance Payments. Use this to check off what you are sending in with your Claim Form.

## **Section-by-Section Instructions**

These instructions provide an overview of the questions in each section, provide more detail on certain questions, and identify the supporting documentation that you must include with your Claim Form.

### **Section I – Instructions**

Read all instructions carefully before completing the Claim Form.

### **Section II – Claimant Information**

**A. Individual Claimant Information:** Section II.A asks for information about Individual Claimants. If you are completing this Claim Form for an Individual, you must provide all of the information requested in Section II.A. Provide your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN). If you do not have a home phone, cell phone, or email address, put N/A as the answer to those questions.

**B. Business Claimant and Authorized Business Representative Information:**

1. Section II.B.1 asks for information about Business Claimants. If you are completing this Claim Form for a Business, you must provide all of the information requested in Section II.B.1.
2. Section II.B.2 asks for information about the person authorized to complete this Claim Form on behalf of the Business. The Authorized Business Representative must provide all of the information requested in Section II.B.2.

### **Section III – Attorney Information**

#### **What if I have a lawyer?**

1. If you have a lawyer for your claim that arose out of the Spill, provide as much information as possible in response to the questions in Section III.
2. If you complete Section III, all communications from the GCCF will be with the lawyer you have identified unless you instruct us otherwise in writing.
3. All claimants who are represented by a lawyer for a claim that arose out of the Spill must complete this section.
4. Do not provide the name of any lawyer or law firm that previously helped you with your claim, but that no longer represents you.

### **Section IV – Claim Information**

#### **What qualifies as an Injury or Type of Damage?**

On the Claim Form, check the type(s) of claims (described below) that you want to make. You may check more than one claim type. For each claim type, indicate whether you are seeking an Emergency Advance Payment or a Final Payment. For each claim type for which you are seeking an Emergency Advance Payment, you must select

whether you want payment for one month or six months, and then you must complete the Claim Form based on your selection. If you seek a single Emergency Advance Payment, then select payment for one month. If you apply for a one month Emergency Advance Payment and subsequently need to apply for an Emergency Advance Payment for another month, you must submit a Supplemental Request Form for each additional month for which you seek an Emergency Advance Payment. You may only seek payment for six months for claims for Lost Earnings or Profits, Loss of Subsistence Use of Natural Resources or loss of income due to physical injury or death. You must provide documentation or evidence of the damage or injury for each type claimed. Exhibit A to the Claim Form provides a list of the documents that will support your claim and specifies which documents are required for Emergency Advanced Payments.

**A. Removal and Clean Up Costs:** Check this box if, as a result of the Spill, you incurred costs to remove oil discharged by the Spill and/or costs to prevent, minimize or mitigate oil pollution when there is a substantial threat of a discharge of oil due to the Spill. You can claim costs for both preventative and clean up measures. To be paid for these costs, the actions taken must have been approved by the Federal On-Scene Coordinator.

1. In the “Amount Claimed” box, provide the amount of money you have spent on oil removal and clean up measures as well as measures to prevent damage from the Spill. If you previously received a payment, do not include that in the amount you are requesting.
2. If you check the “Removal and Clean Up Costs” box, you must provide complete responses to the questions in Section IV.A.1, including the location and details of the removal and/or clean up activities.
3. If you are only seeking an Emergency Advance Payment, you can go to the next section that applies to you.
4. If you are seeking a Final Payment for Removal and Clean Up Costs, you must provide complete responses to the questions in Section IV.A.2.
5. All claimants must submit documents identified in Exhibit A to the Claim Form to support this claim. Use this checklist to indicate which supporting documents you are submitting with the Claim Form. Pay attention to which part of Exhibit A applies to you as the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments.
6. If you are claiming removal and clean up costs at multiple locations and need additional pages, photocopy this section before filling it in and make as many copies as you need. You must attach all additional pages to this Claim Form.

**B. Real or Personal Property:** Check this box if, as a result of the Spill, you suffered damage to real property, personal property or business property that you own or lease. Real property refers to land and any permanent structures that are on the land and are fixed to it, like a house or other building. Personal or business property refers to any property that you own or lease other than real property.

1. In the “Amount Claimed” box, provide the amount of money you spent to repair or replace your damaged property or, if you have not yet repaired the damage, the estimated cost. If you have previously received a payment, do not include that in the amount you are requesting.
2. If you suffered damage to your land, your house, or any permanent structure on your land, you must provide complete responses to the questions in Section IV.B.1. For example, you must complete this section if your house was damaged, or if permanent parts of your house were damaged. However, if your boat, equipment or items inside your house, such as movable furniture, were damaged, you must provide information on those damages in the next section on Personal or Business Property.
3. If you suffered damage to property that you own or lease that is not real property you must provide complete responses to the questions in Section IV.B.2. For example, you must complete this section if your boat or other equipment was damaged.

4. If you are seeking damages for economic losses resulting from the destruction of real or personal property, you must provide complete responses to the questions in Section IV.B.3.
5. 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.
6. You must submit documents identified in Exhibit A to the Claim Form to support your claim for damage to real, personal or business property. Use this checklist to mark which supporting documents you are submitting with the Claim Form. Pay attention to which part of Exhibit A applies to you as the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments.
7. If you suffered damage to more than one piece of real, personal or business property and need additional pages, photocopy this section before filling it in and make as many copies as you need. You must attach all additional pages to this Claim Form.

**C. Lost Earnings or Profits:** Check this box if, as a result of the Spill, you lost earnings or profits.

1. In the “Amount Claimed” box, provide the amount of earnings or profits you have lost to date. If you have previously received a payment, do not include that in the amount you are requesting. If you are seeking an Emergency Advance Payment, be sure to calculate the amount claimed based on your selection of payment for one or six months.
2. If you check the “Lost Earnings or Profits” box, you must provide complete responses to the questions in Section IV.C.1.
3. If you are seeking a Final Payment for Lost Earnings or Profits, you must provide complete responses to the questions in Section IV.C.2. If you are only seeking an Emergency Advance Payment, you can go to the next section that applies to you.
4. You must submit documents identified in Exhibit A to the Claim Form to support this claim. Use this checklist to mark which supporting documents you are submitting with the Claim Form. Pay attention to which part of Exhibit A applies to you as the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments and different types of documentation for Individual Claimants than it does for Business Claimants.

**D. Loss of Subsistence Use of Natural Resources:** Check this box if, as a result of the Spill, you claim damages to your ability to rely, without purchase, on natural resources for food, shelter, clothing, medicine, or other minimum necessities of life.

1. In the “Amount Claimed” box, provide the amount of money you have spent to replace the “subsistence” you lost. If you have previously received a payment, do not include that in the amount you are requesting. If you are seeking an Emergency Advance Payment, be sure to calculate the amount claimed based on your selection of payment for one or six months.
2. If you check the “Loss of Subsistence Use of Natural Resources” box, you must provide complete responses to the questions in Section IV.D.1.
3. If you are seeking a Final Payment for Loss of Subsistence Use of Natural Resources, you must provide complete responses to the question in Section IV.D.2.
4. You must submit documents identified in Exhibit A to the Claim Form to support your claim for Loss of Subsistence Use of Natural Resources. Use this checklist to mark which supporting documents you are submitting with the Claim Form. Pay attention to which part of Exhibit A applies to you as the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments.

**E. Physical Injury/Death:** Check this box for Physical Injury/Death, 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.

1. In the “Amount Claimed” box, provide the amount of money you seek for reimbursement or compensation of the injury or death.
2. If you check the “Physical Injury/Death” box, you must answer the questions in Section IV.E.1.
3. If you are seeking lost income due to physical injury or death, you must answer the questions in Section IV.E.2.
4. You must submit the documents identified in Exhibit A to the Claim Form to support this claim. Use this checklist to mark which supporting documents you are submitting with the Claim Form. Pay attention to which part of Exhibit A applies to you as the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments.

## **Section V – Collateral Source Compensation**

**What if I received unemployment payments or other benefits from the government?**

1. Skip this section if you are only seeking an Emergency Advance Payment and go to the next section.
2. If you are seeking a Final Payment, you must complete this section if you or someone else received unemployment compensation, private insurance or other government benefits for any claim type alleged in Section IV. Charitable gifts and the provision of emergency housing, food or clothing distributed to the Claimant are not collateral compensation.
3. The GCCF will be deducting any amounts you have received in unemployment compensation, private insurance or other government benefits from your final payment.

## **Section VI – Alternate Contact Information for Individual Claimants (This Section is Optional)**

**How do I provide Alternate Contact Information?**

1. Fill out the information in this section if there is a person other than you who you want us to contact about your claim if we cannot reach you.
2. If you fill out this section, complete as many of the questions in Section VI as possible.
3. This section does not apply to Business Claimants.

## **Section VII – Representative Claimant Information**

**Can I fill out a Claim Form for someone else?**

1. Skip this section if you are the Claimant and are completing this Claim Form for yourself.
2. This section also does not apply to Business Claimants.
3. Only complete this section if you are filling out this Claim Form for an Individual 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.)
4. Provide the reason that the Claimant cannot complete the Claim Form.
5. Next, provide your relationship to the Claimant.
6. Finally, complete the questions in Section VII by providing information about yourself and how we may contact you.
7. Provide your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN).

## **Section VIII – Method of Payment**

### **Will a check be issued for this claim?**

1. You can select whether you want to receive your payment by check or by wire transfer directly into your bank account. A wire transfer will be the fastest way for you to be paid, if your claim qualifies for payment.
2. If you want to receive your payment by direct deposit/electronic funds transfer, indicate your selection of this option in Section VIII.A. You must provide the requested information in this section. The payment will be wired to the account of the Claimant only. This method of payment is available for U.S. banks only.
3. If you want to receive your payment by check, indicate your selection of this option in Section VIII.B. Checks for Emergency Advance Payments will be sent to you by overnight courier. You must also provide the street address to which you would like the check to be sent.
4. The GCCF will report annually to federal and state taxing authorities, using a form 1099 or state form equivalent, for certain payments made. The GCCF will send you a copy of that form, but cannot give you tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the impact of any payment you receive from the GCCF on your individual tax situation.

## **Section IX – Signature**

### **I have filled out all of the sections of the Claim Form. Is it now complete?**

1. No. After you complete the Claim Form, you must sign in the space provided in Section IX.
2. By signing the Claim Form, you confirm that:
  - a. The information you provided on your Claim Form is true and correct to the best of your knowledge.
  - b. All documents submitted with your Claim Form are true, correct, and complete to the best of your knowledge.
  - c. You 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.
  - d. You provide your consent to the use and disclosure by the GCCF and those assisting it of any information necessary to the processing of your claim.
  - e. You also provide your consent to the release to the GCCF by relevant state unemployment compensation agencies of any information regarding unemployment benefits you may have received on or after April 20, 2010.
  - f. If you are the Authorized Business Representative, you also certify that you are authorized to act on behalf of the Business Claimant asserting this claim.
3. Your Claim Form will not be complete until you sign and fill out the Signature section.
4. You must also print your name and provide the date you signed the Claim Form in Section IX.
5. If you are signing on behalf of the Individual Claimant as a Personal Representative, you must provide documentation that establishes your right to act on his/her behalf.
6. If anyone other than a family member or an Attorney helped you fill out this Claim Form, you must provide the name of the person and company that assisted you in completing the Claim Form.

**Exhibit A – Supporting Documentation for a Claim:** As noted throughout the Claim Form, you must submit supporting documentation. Exhibit A is a checklist that will help you prepare and submit a complete Claim Form. You should use it to collect documentation for your claim. Pay attention to which part of Exhibit A applies to you, because the GCCF requests different types of documentation for Emergency Advance Payments than it does for Final Payments. If you are seeking an Emergency Advance Payment, you must provide each of the documents required in that column for your claim. Submit the completed Exhibit A with your Claim Form.

### **How do I submit this Claim Form and supporting documents?**

Submit your completed Claim Form and any supporting documents by one of the following methods:

1. U.S. Postal Service: Gulf Coast Claims Facility (“GCCF”)  
Kenneth R. Feinberg, Administrator  
P.O. Box 9658  
Dublin, OH 43017-4958
  
2. Overnight, Certified or Registered Mail: Gulf Coast Claims Facility (“GCCF”)  
Kenneth R. Feinberg, Administrator  
5151 Blazer Pkwy., Suite A  
Dublin, OH 43017
  
3. Fax: 1-866-682-1772
  
4. Email: [info@gccf-claims.com](mailto:info@gccf-claims.com)

### **Where can I go for more information?**

The GCCF will assign you a Claimant Identification Number that will allow you to track the status of your claim. You can obtain the status of your claim by accessing the GCCF 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.