

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT START-UP BUSINESS ECONOMIC LOSS CLAIM FORM (GRAY FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

Start-Up Business Economic Loss Claim Form

TO FILE YOUR CLAIM ONLINE VISIT WWW.DEEPWATERHORIZONSETTLEMENTS.COM

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT START-UP BUSINESS ECONOMIC LOSS CLAIM FORM (GRAY FORM)

To make a **Start-up Business Economic Loss Claim** under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010, (the "Spill"), you must complete and submit this Claim Form and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before June 8, 2015.

The **Start-Up Business Economic Loss Claim** is for businesses (including those reporting on Form 1040 Schedules C, E, or F) that began operations after October 20, 2008, who prove economic loss as a result of the Spill. If your business began operations on or before October 20, 2008, see the Business Economic Loss Claim Form (Purple Form). If your business began operations after October 20, 2008, but before January 1, 2009, you have the option of using this Start-Up Business Claim Form or proceeding under the Business Economic Loss Claim Form.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Start-Up Business Economic Loss Claim Form (Gray Form)," which contains detailed instructions for completing this Claim Form, guidance on how to submit it, helpful definitions, and the list of Supporting Documentation required to prove your claim.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. The online claim process will guide you through only the specific questions you need to answer, and will instruct you about the specific documentation you must submit, based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit a claim online.

If you do not have access to the internet, you may visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 5 of the Start-Up Business Instructions Booklet lists the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about your Start-Up Business on behalf of which you are filing this claim for Business Economic Loss.

1. Business Name:			
2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN	_ _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ _ _ _	
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3. Claimant Number: If you previously filed a claim with the Gulf Coast Claims Facility ("GCCF"), you will keep that same seven-digit Claimant Number in the Deepwater Horizon Settlement Program. Check the box at the right called "GCCF Claimant Number" and provide that seven-digit Claimant Number.	<input type="checkbox"/> GCCF Claimant Number: _ _ _ _ _ _ _ _ _		
If you did not file a claim with the GCCF, you will receive a new Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. If you have already received your new Settlement Program Claimant Number, check the box called "Deepwater Horizon Settlement Program Claimant Number" and provide that nine-digit Claimant Number.	OR <input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: _ _ _ _ _ _ _ _ _ _ _		
If you do not yet have a Claimant Number, leave this question blank.	_ _ _ _ _ _ _ _ _ _ _		

B. Information Required for a Start-Up Business Economic Loss Claim

If you are making a Start-Up Business Economic Loss Claim for more than one Claiming Facility, photocopy this section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional Claiming Facility.

1. You cannot make an economic loss claim for a business that falls into any of the categories listed below. Check any and all boxes that describe your business.

Refer to Section 2 of the Start-Up Business Economic Loss Instructions Booklet for more detailed descriptions of these categories.

- (a) Financial Institution.
- (b) Fund, financial trust, or other financial vehicle.
- (c) Gaming.
- (d) Insurance.
- (e) Oil and gas industry.
- (f) Defense contractor or subcontractor.
- (g) Real estate development.
- (h) Selling or marketing BP-branded fuel at anytime from April 20, 2010, through April 16, 2012.

If you check the box next to any of the above categories, your business is not eligible to make an Economic Loss Claim, and you should not complete or submit this Claim Form.

<p>2. During the period from April 1, 2010, through December 31, 2010, did your business maintain more than one separate and distinct physical location? If you check "Yes," continue to Question 3. If you check "No," go to Question 7.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Is your business's headquarters located within the Gulf Coast Areas?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Are all of your business's Facilities located within the Gulf Coast Areas?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Does your business maintain separate profit and loss statements for each Claiming Facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Is your business submitting a claim for all Facilities located within the Gulf Coast Areas? If you checked "Yes" for Question 3, you may file a consolidated claim for all Facilities or you may elect to file individual claims for each Claiming Facility separately. If you checked "No" for Question 3, information must be provided on a Facility-by-Facility basis, but you may send in each of those claims together to facilitate efficient processing.</p> <p>By checking "Yes" to this question, you are indicating that you are submitting a consolidated Claim for <i>all</i> Facilities located within the Gulf Coast Areas. If you wish to file a claim for each Facility separately, check "No." You may not file a consolidated Claim for only a subset of your business's Facilities located within the Gulf Coast Areas.</p> <p>If you are filing a Business Economic Loss Claim for a Multi-Facility Business and are providing information on a Facility-by-Facility basis, you must complete Section B, C, D, and E for each Claiming Facility. Questions 2 through 6 in this section are not required for each individual facility. Only Question 1 is required for each individual facility. Photocopy each section before completing it and attach the copy to this Claim Form for submission. Make as many copies as you need.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Did your business participate in the Vessels of Opportunity ("VoO") Program?

Yes

No

Identify any months after the Spill in which your business received revenue from the VoO program, and the amount of that revenue. Leave this section blank if your business did not receive any revenue because of participation in the VoO program.

May 2010 \$ _____

September 2010 \$ _____

June 2010 \$ _____

October 2010 \$ _____

July 2010 \$ _____

November 2010 \$ _____

August 2010 \$ _____

December 2010 \$ _____

All Months 2011 \$ _____

Identify any months after the Spill in which your business incurred expenses because of participation in the VoO Program, and the amount of those expenses. Leave this section blank if your business did not incur expenses because of participation in the VoO program.

May 2010 \$ _____

September 2010 \$ _____

June 2010 \$ _____

October 2010 \$ _____

July 2010 \$ _____

November 2010 \$ _____

August 2010 \$ _____

December 2010 \$ _____

All Months 2011 \$ _____

14. Identify other sources of income to your business that can be used to reconcile tax returns with business financial statements, if any.

For Questions 15 – 19, consult the definition section in the accompanying booklet called “Instructions for Completing the Start-Up Business Economic Claim Form (Grey Form)” to determine if your business meets the definition or criteria. Go online to www.deepwaterhorizonsettlements.com, call toll free at 1-866-992-6174, or visit a Claimant Assistance Center to determine in which Economic Loss Zone your business is located and whether it meets the Tourism Definition.

15. Does your business sell to customers in multiple Economic Loss Zones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is your business a Commercial Fisherman, Landing Site, Commercial Wholesale or Retail Dealer A, or a Primary Seafood Processor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is your business a Commercial Wholesale or Retail Dealer B, a Secondary Seafood Processor, a Seafood Wholesaler or Distributor, or a Seafood Retailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does your business fall within the Tourism Definition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is your business a Charter Fishing Operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Did specific market changes outside your control, unrelated to the Spill and occurring after April 20, 2010, prevent your business from earning revenues in 2011 that were comparable to pre-Spill periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, describe these market changes. Examples may include, but are not limited to, the following: (1) the entry of a competitor in 2011; (2) the bankruptcy of a significant customer in 2011; (3) nearby road closures affecting your business; (4) unanticipated interruption resulting in closure of your business; (5) the replacement of a product or service by a customer; or (6) the loss of financing and/or reasonable terms of renewal.

21. Did the Spill directly result in the cancellation of a contract that your business was unable to replace? A Canceled Contract is a contract that was in place on April 20, 2010, and which was to be performed between April 21, 2010, and December 31, 2010, but was canceled between April 21, 2010, and December 31, 2010, and that you were unable to replace on the same or similar terms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, attach the contract and describe your efforts and inability to replace the contract:

22. Did the Spill result in reservation cancellations that your business was unable to rebook? A Canceled Reservation is a reservation that was in place on April 20, 2010, and which was to occur between April 21, 2010, and December 31, 2010, but was canceled between April 21, 2010, and December 31, 2010, and that you were unable to replace on the same or similar terms.

Yes

No

If Yes, describe the cancellations and your efforts and inability to rebook the cancellations:

C. Selection of Benchmark and Compensation Periods

You may elect to establish expected revenue and expected costs based on financial projections for the Start-Up Business. Consult the "Instructions for Completing the Start-Up Business Economic Claim Form (Grey Form)" for more information.

1. Select Benchmark Period. Select three or more consecutive months from May 2011 through April 2012 to use as your business's Benchmark Period. You can check all of the boxes or as few as three. However, all boxes checked must be consecutive. The Benchmark Period you choose will be compared to the same months between May 2010 and April 2011 (the Compensation Period) to estimate your business's Expected Profit during 2010. The Claims Administrator will review all the documents and information you submit to determine the best Benchmark Period that maximizes your recovery, even if that differs from the period you select. If you do not wish to pick a Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, select "Claims Administrator Selected Benchmark Period." Refer to the Settlement for further information on how your business's Benchmark Period will be used in calculating your business's Compensation.

- | | | | |
|--------------------------|--|--------------------------|---------------|
| <input type="checkbox"/> | May 2011 | <input type="checkbox"/> | November 2011 |
| <input type="checkbox"/> | June 2011 | <input type="checkbox"/> | December 2011 |
| <input type="checkbox"/> | July 2011 | <input type="checkbox"/> | January 2012 |
| <input type="checkbox"/> | August 2011 | <input type="checkbox"/> | February 2012 |
| <input type="checkbox"/> | September 2011 | <input type="checkbox"/> | March 2012 |
| <input type="checkbox"/> | October 2011 | <input type="checkbox"/> | April 2012 |
| <input type="checkbox"/> | Claims Administrator Selected Benchmark Period | | |

2. Select Compensation Period. Select three or more consecutive months from May 2010 through April 2011 to use as your business's Compensation Period. You can check all of the boxes or as few as three. However, all boxes checked must be consecutive. The months you select for Compensation Period must match the months you selected above. The Compensation Period you choose will be compared to the same months between May 2011 and April 2012 (the Benchmark Period) to estimate your business's Expected Profit during 2010. The Claims Administrator will review all the documents and information you submit to determine the best Compensation Period that maximizes your recovery, even if that differs from the period you select. If you do not wish to pick a Compensation Period at all and instead would like the Claims Administrator to select your best Compensation Period, select "Claims Administrator Selected Compensation Period." Refer to the Settlement for further information on how your business's Compensation Period will be used in calculating your business's Compensation.

- | | | | |
|--------------------------|---|--------------------------|---------------|
| <input type="checkbox"/> | May 2010 | <input type="checkbox"/> | November 2010 |
| <input type="checkbox"/> | June 2010 | <input type="checkbox"/> | December 2010 |
| <input type="checkbox"/> | July 2010 | <input type="checkbox"/> | January 2011 |
| <input type="checkbox"/> | August 2010 | <input type="checkbox"/> | February 2011 |
| <input type="checkbox"/> | September 2010 | <input type="checkbox"/> | March 2011 |
| <input type="checkbox"/> | October 2010 | <input type="checkbox"/> | April 2011 |
| <input type="checkbox"/> | Claims Administrator Selected Compensation Period | | |

D. Documentation Required for a Start-Up Business Economic Loss Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Start-Up Business Economic Loss Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Start-Up Business Economic Loss Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

E. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

5. Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?

Yes No

If you check "Yes" for Question E.5, you must submit the documents listed in Section 4.E of the Start-Up Business Economic Loss Instructions Booklet.

F. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete 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.

I certify that I am authorized to act on behalf of the business submitting this Claim Form.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:				Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last		
Title:					

An authorized business representative must sign this Claim Form personally.