

**DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT  
VESSEL PHYSICAL DAMAGE CLAIM FORM  
(BLACK 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.

# DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT VESSEL PHYSICAL DAMAGE CLAIM FORM (BLACK FORM)

To make a **Vessel Damage 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 **Vessel Physical Damage Claim** is for individuals and businesses who owned an eligible vessel and the vessel or its appurtenances sustained physical damage between April 20, 2010, and December 31, 2011, due to or resulting from the Spill or the Spill response cleanup operations, including the Vessels of Opportunity ("VoO") program, that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or delegates. Physical damage includes the need for removal of equipment or rigging that was added to an eligible vessel to conduct Spill response cleanup activities.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Vessel Physical Damage Claim Form (Black Form)," which contains detailed instructions for completing and submitting this Claim Form, 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 Supporting Documentation you must submit, based on the answers you enter as you go along. Go to [www.deepwaterhorizonsettlements.com](http://www.deepwaterhorizonsettlements.com) to submit your claim online.

If you do not have access to the internet, you can visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 5 of the Vessel Physical Damage Instructions Booklet lists the Claimant Assistance Centers.

## A. Claimant Information

Provide the following information about the Natural Person or business that is filing this Vessel Physical Damage Claim.

<b>1. Name of Natural Person or Business:</b>	Last Name or Full Name of Business	First Name	Middle Initial
<b>2. Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN _____ - ____ - _____  EIN _____ - _____		
<b>3. Claimant Number:</b> 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.  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.  If you do not yet have a Claimant Number, leave this question blank.		<input type="checkbox"/> GCCF Claimant Number: _____  OR  <input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: _____	

## B. Information Required for a Vessel Physical Damage Claim

If you are making a Vessel Physical Damage Claim for more than one vessel, 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 vessel.

<b>1. What is the Hull Identification Number for the physically damaged vessel?</b>	_____
<b>2. What is the Federal and/or State Identification Number for the physically damaged vessel?</b>  Federal Identification Number: <input type="checkbox"/> <i>and/or</i> State Identification Number: <input type="checkbox"/>	_____  _____
<b>3. Did you own the vessel at the time the physical damage occurred?</b> If "No," do not complete or submit this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Was the physical damage to your vessel caused by any of the following: (a) your fault; (b) the fault of the vessel's captain or crew; (c) an Act of God; (d) an employee or agent of an Oil Spill Response Organization; or (e) normal wear and tear?</b> If "Yes," do not complete or submit this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Are you claiming that vessel physical damage occurred due to the Spill or as a result of Spill response cleanup operations, including participation in the VoO program?</b> If "No," do not complete or submit this Claim Form. Refer to Section 2 of the Vessel Physical Damage Instructions Booklet for examples of physical vessel damage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a) Did the physical damage that your vessel sustained result from the Spill or the Spill response cleanup operations, including participation in the VoO program?</b>	<input type="checkbox"/> Spill  <input type="checkbox"/> Spill Response Cleanup Operations, including participation in the VoO program
<b>(b) If the physical damage to your vessel was caused by Spill response cleanup operations, other than the VoO program, were those operations consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator (FOSC) or his or her delegate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
<b>6. Did you sustain the physical damage to your vessel while working for an Oil Spill Response Organization?</b> Check "No" if you were a VoO program participant while you were working for an Oil Spill Response Organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. Did the damaged vessel participate in the VoO program?</b> If "Yes," answer Questions 7(a) and 7(b). If "No," go to Question 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>(a) Provide the Master Vessel Charter Agreement (MVCA) Number for your vessel.</b>	_____		
<b>(b) Did you sign a Receipt and Release Letter Agreement to reimburse costs for the physical damage to your vessel involved in the VoO program?</b> If Yes, do not complete or submit this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8. Provide the following information to identify and describe the vessel that was physically damaged as a result of the Spill or Spill response cleanup operations.</b>			
<b>(a) Make:</b>	<b>(b) Model:</b>	<b>(c) Year:</b>	<b>(d) Length:</b> _____ Feet _____ Inches
<b>(e) Personnel Capacity:</b>	<b>(f) Propulsion:</b> <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other. Describe:	<b>(g) Vessel Class (e.g., deck boat, dinghy, multihull cruiser, etc.):</b>	
<b>9. Describe the condition of the vessel before the physical damage occurred.</b>			

**10. When did the physical damage to your vessel occur?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

**11. Describe:**

- (a) the physical damage to your vessel;
- (b) your vessel's activity at the time of the damage;
- (c) the cause of the damage to your vessel; and
- (d) the location of your vessel at the time of the damage.

**12. Did you repair the physically damaged vessel?**

Yes

No

**If you checked "Yes," for Question 12, provide:**

- (a) the name, address, and telephone number of the individual or business that repaired your damaged vessel;
- (b) the cost to repair your damaged vessel; and
- (c) a description of the repairs made to your vessel.

13. Did you replace the physically damaged vessel?

Yes

No

If you checked "Yes" for Question 13:

(a) Explain why your physically damaged vessel had to be replaced, rather than repaired:

(b) Provide:

- (1) the name, address and telephone number of the individual or business from which you obtained the replacement vessel;
- (2) the cost of the replacement vessel;
- (3) the date when the replacement was made; and
- (4) a description of the replacement vessel.

If you checked "Yes" for either Question 12 or 13, go to Section C. If you checked "No" for *both* Questions 12 and 13, continue.

**14. Do you plan to repair the physically damaged vessel?**

Yes

No

If you checked "Yes" for Question 14, provide:

- (a) the name, address, and telephone number of the individual or business that has provided the estimate for future repairs;
- (b) the estimate of the future cost to repair; and
- (c) a description of the planned repairs.

**15. Do you plan to replace the physically damaged vessel?**

Yes

No

If you checked "Yes" for Question 15:

- (a) Explain why your physically damaged vessel had to be replaced, rather than repaired:

**(b) Provide:**

- (1) the name, address and telephone number of the individual or business from which you plan to obtain the replacement vessel;**
- (2) the estimated cost of the replacement vessel; and**
- (3) a description of the replacement vessel.**

### **C. Vessel Physical Damage Claimant Verification Statement**

I owned the vessel(s) for which I am submitting this claim during the time period April 20, 2010, to December 31, 2011, and the physical damages for which I seek compensation were due to or resulted from the Deepwater Horizon Spill or the Deepwater Horizon Spill response cleanup operations. I certify that:

- I have not signed a Receipt and Release Letter Agreement in connection with the BP program to reimburse costs from damage to vessels involved in the Vessels of Opportunity ("VoO") program.
- The physical damage that I claim was sustained to my vessel was not caused by any of the following: (a) my fault; (b) the fault of the vessel's captain or crew; (c) an act of God; (d) an employee or agent of an oil spill response organization; or (e) normal wear and tear.
- The physical damage that I claim was sustained to my vessel did not occur while working for an Oil Spill Response Organization or an Oil Spill Removal Organization (OSRO) in the Deepwater Horizon Spill response. If your vessel damage occurred while you were working in the Vessels of Opportunity Program, you must check this box.

By signing this Claim Form, I certify and declare under penalty of perjury that the foregoing is true and correct.

**You must check all three boxes to be paid.**



## D. Documentation Required for a Vessel Physical Damage Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Vessel Physical Damage Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Vessel Physical Damage 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](http://www.deepwaterhorizonsettlements.com), or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

## 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.

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.

<b>Signature:</b>				<b>Date:</b>	____/____/____ (Month/Day/Year)
<b>Printed Name:</b>	First	Middle	Last		
<b>Title, if a business:</b>					

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.