

Crabber Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL CRABBER LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE VESSEL LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE COMMERCIAL GEAR LICENSE NUMBER: TX, LA, MS, AL, FL	

IS THIS CLAIM RELATED TO DAMAGE TO PROPERTY? YES NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM RELATED TO DAMAGE TO EQUIPMENT? YES NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM FOR LOSS OF PROFITS AND/OR EARNINGS? YES NO
IF YES, PLEASE COMPLETE PART B.

PART A: DESCRIBE IN DETAIL THE DAMAGES TO PROPERTY OR EQUIPMENT:

HAVE REPAIRS BEEN MADE? YES NO

PART B: DESCRIBE IN DETAIL THE LOSS OF PROFITS AND/OR EARNINGS:

DESCRIBE THE NUMBER AND TYPES OF TRAPS YOU USE TO HARVEST CRABS:

IDENTIFY AS CLOSELY AS POSSIBLE WHERE YOUR CRAB TRAPS WERE PLACED (OR ATTACH A MAP):

HOW MANY CRAB TRAPS ARE INCLUDED IN THIS CLAIM? -

HOW MANY CRAB TRAPS HAVE NOT BEEN RECOVERED?

DID YOU SEE OIL IN THE WATER IN THE AREA OF YOUR CRAB TRAPS? YES
 NO

IF YES, ON WHAT DATE(S)?

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:

WHAT WAS THE AMOUNT OF HARVEST AND/OR SALES OF CRABS HARVESTED FROM THE AREA IDENTIFIED IN THIS CLAIM FOR THREE YEARS PRIOR TO THIS DATE?

AMOUNT(s) _____ DATE(s)

DO YOU HAVE RECORDS OR RECEIPTS?
IF YES, PLEASE ATTACH.

YES NO

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

2007 _____ 2008 _____ 2009 _____

DO YOU HAVE RECORDS THAT SHOW YOUR EXPENSES RELATED TO YOUR CRABBING
OPERATIONS?

YES NO

HAVE YOU EVER RECEIVED ANY TYPE OF DAMAGES SETTLEMENT OR OTHER PAYMENT
REGARDING THE CRAB FISHERIES NAMED IN THIS CLAIM?

YES NO

IF YES:

WHAT WAS THE AMOUNT OF THE SETTLEMENT OR OTHER PAYMENT?

WHO PAID THE SETTLEMENT OR OTHER PAYMENT?

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

IF YES:

PROVIDE LOCATIONS, NUMBER OF CRAB TRAPS USED AT EACH LOCATION, AMOUNT OF
CRABS HARVESTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM
THOSE SALES.

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 CRAB 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 # _____

___ COPY OF COMMERCIAL TRAP LICENSE FOR 2010
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.