

**IN RE: BRITISH PETROLEUM GULF OIL POLLUTION LITIGATION
CLAIMANT LOST PROFIT FACT SHEET**

**This form is informational only and creates no obligation
on your or our behalf to have us represent you in this matter.**

The following information is being provided to _____ (Name of Law Firm)
and other persons, entities or law firms deemed to have a need to know by said law firm
regarding Claimant's damages in connection with the Deepwater Horizon Gulf Oil Pollution
cases:

LAW FIRM: _____

CLAIMANT NAME: _____

Birth Date: _____ Social Security Number: _____

Telephone: _____ Cell: _____

Drivers's License No.: _____ State: _____

Marital Status; if married spouse's name: _____

Address: _____

City: _____ State: _____ Zip: _____

BUSINESS NAME: _____

Employer ID Number: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Business Fax: _____

Business E-Mail : _____ Personal E-Mail: _____

OCCUPATION: NATURE OF BUSINESS: (CHECK AS APPROPRIATE)

SHRIMPER: _____

OYSTERMAN: _____

COMMERCIAL FISHERMAN/CRABBER: _____

CHARTER BOAT OPERATOR: _____

OTHER: _____

LICENSE: DO YOU HAVE LA. COMMERCIAL LICENSE TO WORK IN YOUR OCCUPATION CHECKED ABOVE?

YES: _____ NO: _____ IF SO, *ATTACH COPY* AND CHECK WHICH YEARS YOU PURCHASED A LICENSE AND TYPE BY YEAR:

2010: _____ LIC.TYPE: _____
2009: _____ LIC.TYPE: _____
2008: _____ LIC.TYPE: _____
2007: _____ LIC.TYPE: _____
2006: _____ LIC.TYPE: _____
2005: _____ LIC.TYPE: _____

IF YOU ARE AN **OYSTERMAN**, DID YOU HAVE A RECORDED LEASE AGREEMENT?

YES ___ or NO ___

IF YES, PROVIDE LEGAL DESCRIPTION AND DID YOU POST MARKINGS PER LA.RS 56:423(B): _____

GENERALLY WHERE IS YOUR OYSTER LEASE LOCATED AND APPROXIMATE SIZE: _____

IF YOU ARE A **COMMERCIAL FISHERMAN**, **CHARTER BOAT OPERATOR**, **CRABBER** *or* **SHRIMPER**, AND **PRIOR** TO THE BLOWOUT FISHED PARTICULAR AREA(S) ON A REGULAR BASIS, PROVIDE DETAILED INFORMATION (USING LA. DEPT. OF WILDLIFE & FISHERIES AREA NUMBERS) AS TO WHERE YOU REGULARLY FISHED: _____

AFTER THE OIL POLLUTION AFFECTED YOUR BUSINESS, DID YOU ATTEMPT TO FIND ALTERNATIVE AREAS TO FISH? IF YES, DESCRIBE:

DO YOU OWN YOUR OWN VESSEL THAT YOU USE IN YOUR OCCUPATION ABOVE?

YES ___ NO ___ . If so, name of vessel: _____ TITLE

OWNER: _____ ADDRESS: _____

VESSEL REGISTRATION STATE & NUMBER: _____

TYPE/DIMENSIONS OF BOAT: _____

IF YOU DO **NOT** OWN YOUR VESSEL, FOR WHO, AND ON WHAT VESSEL DO YOU USUALLY WORK FOR? _____

VESSEL OPERATOR CONTACT INFO: _____

WHAT PORT & DOCK DO YOU USUALLY WORK OUT OF? _____

DURING WHAT MONTHS IS YOUR OCCUPATION USUALLY CARRIED OUT? _____

WHAT WAS YOUR ANNUAL NET INCOME AFTER EXPENSES FROM YOUR OCCUPATION CHECKED ABOVE BEFORE APRIL 20,2010? _____

DID YOU REPORT INCOME FROM YOUR OCCUPATION ON YOUR STATE OR FEDERAL INCOME TAX FORMS FOR: CHECK AS APPLICABLE:

2009 ___; 2008 ___; 2007 ___; 2006 ___; 2005: _____

NAME AND GIVE CONTACT INFO FOR PRIMARY PURCHASERS OF YOUR CATCH: _____

WHAT IS YOUR NET INCOME AFTER EXPENSES FROM YOUR OCCUPATION CHECKED ABOVE SINCE APRIL 20,2010? _____

DID YOU CHARTER YOUR VESSEL TO BP AFTER THE BLOWOUT? YES _____ NO _____
IF SO, WHAT WERE YOU PAID PER DAY? _____

FOR HOW MANY DAYS WERE YOU PAID? _____

DID YOU RECEIVE ANY OTHER INCOME SINCE THE SPILL IN ATTEMPT TO MINIMIZE YOUR ECONOMIC DAMAGES? _____
DESCRIBE: _____

OTHER INFORMATION: _____

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. IT IS PERMISSIBLE TO CONTACT ME FOR ALL PURPOSES USING MY EMAIL ADDRESS ABOVE (IF I'VE INDICATED ONE).
DATE: _____

(SIGNATURE)