

Gear Loss Claim Form (1 of 2)

Name: _____ Business Name: _____

Address: _____ Phone #: _____

Homeport: _____ Email: _____

Vessel Name: _____ Vessel Documentation #: _____

State License #: _____ Federal License #: _____

Gear Type: _____ Date of Incident: _____

Last Time Gear Set/Hauled: _____

Specific Gear Location (Lat/Lon or TD) _____

Gear Description (Markings, polyballs, Highflyers) _____

Description of Incident Causing Damage/Loss: _____

Was any of the gear retrieved? _____

How many gillnets, pots, highflyers, trawl, doors, ground cables, scissor legs, etc. are lost/damaged? _____

Vessel(s) Observed in Area (Yes/No). If yes, Vessel Name(s) _____

If claiming lost time, described normal gear configuration and fishing activity. _____

Total Claim Amount = \$ _____

Additional information required to process Claim Form:

- ☐ Copy of a valid fishing permit.
 - ☐ Proof of landing history through a VTR report, sales slip, or similar type of documentation that the vessel was fishing in the area for period of gear loss/damage.
 - ☐ Proof of ownership of the vessel capable of fishing area of loss, including photos.
 - ☐ Sales slip or gear invoice for replacement or repair gear (must be substantially similar to gear that was lost/damaged).
 - ☐ Location of gear loss/damage – either GPS coordinates and/or photo of chart plotter
 - ☐ Completed W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
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Gear Loss Claim Form (2 of 2)

I, _____, as the Applicant hereunder authorize Dominion Energy to make whatever reasonable inquiries and investigations it deems necessary to verify my Application and request for compensation. Applicant understands that submitting this Application does not guaranty payment. Applicant further agrees that if this claim is accepted and paid in its entirety, that acceptance of such payment constitutes full, final and complete payment for this particular claim and that neither Dominion Energy, nor any of its affiliates shall have any further outstanding or ongoing obligation with respect to this particular claim and Applicant shall not, directly or indirectly, assert any claim, or commence, join in, prosecute, participate in, or fund any part of, any suit or other proceeding of any kind against Dominion Energy, or any of its affiliates, based upon this particular claim. If a claim is denied in part, Applicant may accept payment for the undisputed part without waiving Applicant's right to appeal the disputed part of the claim. Applicant recognizes that submission of this Application does not affect Applicant's rights concerning matters other than those specifically identified in this particular Application.

I attest, under penalty of perjury, that to the best of my knowledge the information in this Application is true and correct.

Signature

Date

Please return this form and the all required information, including a completed W-9 form, by one of the below methods:

- 1) Delivering an electronic copy via email to the FLOs Ron Larsen (ronlarsen@searisksolutions.com) with a copy to Dominion Energy's Mike Lewis (michael.b.lewis@dominionenergy.com); or
- 2) Mail a copy to:

Dominion Energy
2800 Cromwell Drive
Norfolk, VA 23509
ATTN: Mike Lewis

Please note that the payment cannot be processed without a signature and W-9 form. Upon acceptance of the Application and confirmation of the validity of the claim, payment will be issued within 10 business days of such confirmation.