DearClaimant: Claim #

The enclosed claim form must be completed and returned to us within **90 days** of the incident. **UNDER NO CIRCUMSTANCES CAN A CLAIM FORM BE PROCESSED IF IT IS POSTMARKED MORE THAN 90 DAYS AFTER THE INCIDENT OCCURRED.** If you cannot obtain all of the required documentation for your claim within a reasonable time, you can mail your completed, notarized claim form without the attachments to avoid missing the 90 day deadline.

WHEN CALLING ABOUT YOUR CLAIM, PLEASE HAVE YOUR CLAIM NUMBER AVAILABLE.

The following is a list of items that will be needed in order for your claim to be processed:

1. **CLAIM FORM, COMPLETELY FILLED OUT, SIGNED AND NOTARIZED.** The notary should use a raised seal.

2. **COPY OF FRONT AND BACK OF THE FOLLOWING LICENSES:** Commercial Fishing License, Vessel License and License for the equipment that was in use at the time of the incident (trawls, skimmers, crab traps, oyster dredge, etc.). The license must be valid for the year in which the incident took place and all licenses must be signed (legibly) on the back.

3. **COPY (FRONT & BACK) OF THE BOAT REGISTRATION PAPERS** – A copy of your Louisiana Boat Registration (with the Louisiana Department of Wildlife & Fisheries) or USCG Certificate of Documentation. Please make sure that the registration was valid at the time of the incident and the writing is legible.

4. **WITNESS STATEMENT(S)** – A separate, handwritten statement, explaining the incident from each witness, in their own words, must be sent. It must include the name, address and telephone number of each witness. It must then be signed and notarized (notary must use a raised seal).

5. **COORDINATES** – Please send the location of your incident in Latitude/Longitude (preferred method of receiving). If this is not possible, you may send in Loran readings. If you have neither reading available, you may purchase a map, copy the relevant area, and mark the location of your hang on the map. We can provide a list of locations that sell maps if needed.

6. **COPY OF FEDERAL AND STATE TAX FORMS (INCLUDING SCHEDULE C)** – Completed and signed copies of the previous year's **Federal 1040 and Schedule C** as well as the **Louisiana State tax form** must be provided. If incorporated, please send copies of your Federal and state Corporation taxes. **Please also include all W-2's** and make sure all parties have signed & dated the forms.

7. **ORIGINAL RECEIPTS FOR DAMAGE** – receipts/estimates must be on letterhead from an official net shop, boat shop, dry dock company, etc. They must include the date, seller's name, address and telephone number. The claimant's name and address should also be on the invoice/estimate as well as a description of the items to be repaired or replaced. For outboard motors, the estimate/receipt must include the motor's serial number. The claim amount you indicate should total the amount of all of the new receipts. If you qualify, the fund cannot pay you for any amount above the amount indicated on the claim form. **FOR THE NEW RECEIPTS/ESTIMATES, PLEASE SEND ORIGINALS. WE WILL RETURN THEM TO YOU**.

8. **COPY OF RECEIPTS FOR OLD GEAR** – Receipts for old gear must be completely filled out receipts. They must include the date, full name, address and telephone number of the seller printed or written neatly on them. It should also have the claimant's name and/or address on it. If a claimant makes his/her own nets a notarized statement to that effect will be needed.

9. **PICTURES** – Please send photographs showing the damage and the boat registration number. When there has been damage to the motor, please send a photograph of the motor and a photograph of the serial number of the motor with a receipt showing the same.

10. **COPY OF W-9** – The enclosed form W-9 (Request for Taxpayer Identification Number and Certification) must be completed, signed, dated and returned with your claim. If you qualify, no claim can be paid unless this form is on file with the state.

Once we have received all of the documents listed above, we will begin to process your claim. Please write your claim number on all documents, including pictures. If you have any questions, feel free to call the Fisherman's Gear Compensation Office at (225) 342-7268.
Some of the above documents can be faxed to (225) 342-9439 (# 2,3,6,8 and 10 only), ATTN: Fisherman's Gear.

Filing a false claim is a serious matter and the continued existence of the Fisherman's Gear Compensation Program depends on the honesty of the claimants. **ALL CLAIMS ARE SUBJECT TO INVESTIGATION. LOUISIANA LAW PROVIDES CRIMINAL PENALTIES FOR FRAUD AND FILING FALSE RECORDS.**

CLAIM FORM
Fishermen's Gear Compensation Fund
Department of Natural Resources
P.O. Box 44277
Baton Rouge, Louisiana 70804-4277
(225) 342-7268

AN EQUAL OPPORTUNITY EMPLOYER

A. 1. Name _____ Claim No. _____

2. Address _____
P.O. Box or Street

Claim Amt. _____

_____
City State Zip

3. Telephone Number _____ Parish of Residence _____

B. ONLY LOUISIANA CITIZENS WHO ARE FULL-TIME COMMERCIAL FISHERMEN MAY FILE CLAIMS.

4. Are you incorporated ? Yes _____ No _____ Sole owner of boat ?_____

Corporation name _____ Name of co-owner(s)_____

5. Social Security # and/or Corporation Number, if incorporated._____

6. What is your specific occupation ? (captain, deckhand, etc.) _____

7. What other sources of income do you have ? _____

8. Do you derive at least fifty percent(50%) of your income from Commercial Fishing ? _____

9. What is your Commercial Fishing license number ? _____

10. Owner of Vessel _____
Name Telephone Number

_____
P.O. Box or Street City State Zip

11. Vessel: Name_____ Homeport _____

Type _____ Length _____

Number of people on board at the time of the incident: _____

12. Louisiana Boat Registration Number or U.S. Coast Guard Documentation Number _____

C. THE LAW LIMITS PAYMENT OF CLAIMS TO DAMAGE OR LOSS OF VESSEL OR FISHING GEAR DUE TO AN ENCOUNTER WITH AN UNDERWATER OBSTRUCTION LOCATED IN WATERS WITHIN THE LOUISIANA COASTAL ZONE, AS DEFINED IN R.S. 49:214.24.

13. Briefly describe the type of fishing operation being conducted and a **description** of how the encounter occurred._____
_____
_____
_____

14. Please give the location of the obstruction. Use Loran readings or longitude and latitude. In addition, give the physical location. (For example, one mile south of Grand Isle Beach, 1/2 mile east of Alligator Point, etc.)

Location _____

15. **Lat./Long.** _____ **Loran** _____
(Preferred)

16. Date of Encounter _____ Time of Encounter _____Parish_____

17. Approximate depth: water ? _____ Obstruction ? _____

18. Give description and identity of obstruction, if known. _____

19. What efforts did you make to identify a party who may be responsible for the obstruction? _____

D. 20. Total amount of claim: $ _____

21. In your own words, describe the damage to your vessel or gear. Give a detailed descriptin of the gear that was damaged. _____

22. Do you have an insurance policy on this vessel ? Yes _____ No _____
If yes, complete the following: Policy Number _____ Insurance Company _____

Insurance Agent: _____
Name Telephone Number

_____
P.O. Box or Street State Zip

Did you file with the insurance company? Yes_____No_____ Received Payment? Yes___No___
Is any of the damage stated above covered under this policy ? Yes _____ No _____

23. Have you filed a claim for the damage stated above under any United States Government compensation program ? Yes _____ No _____

24. If yes, which program and when _____

25. Have you ever filed a claim with this program ? Yes _____ No _____
If yes, when did you last file ? Month _____ Year _____

26. Have you filed a lawsuit on this matter ? Yes _____ No _____
(If you are paid by an insurance company or oil & gas company, you are required to report payment to the Fund.)

27. Give **name, address** and **telephone number** of all witnesses to the encounter. You must submit **a notarized *handwritten*** statement from each witness. _____

E. AFTER COMPLETION, THIS FORM MUST BE SIGNED BEFORE A NOTARY OR OTHER OFFICIAL EMPOWERED TO ADMINISTEROATHS. **LOUISIANA LAW PROVIDES PENALTIES FOR FRAUD.**

28. I certify that the information appearing herein is true and correct to the best of my knowledge.

Signature: _____

29. Sworn to and subscribed before me this _____ day of _____, _____.

_____
Notary Public (include ID number)

ALL PROGRAMS AND SERVICES OF THE DEPARTMENT OF NATURAL RESOURCES ARE AVAILABLE TO ALL PERSONS.

Amended 05/04