



**STATE OF LOUISIANA  
DEPARTMENT OF NATURAL RESOURCES  
FISHERMAN'S GEAR COMPENSATION FUND CLAIM FORM**

For questions, contact (225)342-7268.

<b>RETURN COMPLETED FORM TO:</b> Fisherman's Gear Compensation Fund Department of Natural Resources P.O. Box 44487 Baton Rouge, Louisiana 70804-4487	<b>OFFICE USE ONLY</b>  CLAIM NO. _____  CLAIM AMT. _____
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**A. APPLICANT INFORMATION**

<i>NAME</i>	<i>TELEPHONE NUMBER</i>
<i>MAILING ADDRESS</i>	
<i>CITY</i>	<i>STATE</i>
<i>ZIP CODE</i>	<i>PARISH OF RESIDENCE</i>

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

<b>Are you a Louisiana citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are you a full-time commercial fisherman?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you incorporated?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter Corporation Name: _____ _____	<b>Are you the sole owner of the boat?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If no, list the name(s) of co-owner(s): _____ _____
<b>Social Security Number and/or Corporation Number, if incorporated:</b>	
<b>What is your specific occupation? (captain, deckhand, etc.)</b>	
<b>What other sources of income do you have?</b>	
<b>Based on your last filed income tax return, do you derive at least fifty percent (50%) of your income from Commercial Fishing?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>What is your Commercial Fishing license number?</b>	

**VESSEL OWNER INFORMATION**

<i>NAME</i>	<i>VESSEL NAME</i>
<i>MAILING ADDRESS</i>	<i>HOMEPORT</i>
<i>CITY</i>	<i>TYPE</i>
<i>STATE</i>	<i>LENGTH</i>
<i>ZIP CODE</i>	
<i>TELEPHONE NUMBER</i>	
<b>Number of People on board at the time of the incident:</b>	
<b>Louisiana Boat Registration Number or U.S. Coast Guard Documentation Number:</b>	

**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**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give the location of the obstruction in longitude and latitude (preferred), or provide a map with the location marked. In addition give the physical location. (For example, one mile south of Grand Isle Beach, ½ mile east of Alligator Point, etc.)**

**Location:** \_\_\_\_\_

**Lat:** \_\_\_\_\_ **Long:** \_\_\_\_\_

**Date of Encounter:** \_\_\_\_\_ **Time of Encounter:** \_\_\_\_\_

**Parish of Obstruction Encounter:** \_\_\_\_\_

**Approximate water depth:** \_\_\_\_\_ **Obstruction?** \_\_\_\_\_

Give a brief description and identity of obstruction, if known.

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

**D. CLAIM INFORMATION**

Total amount of claim: \$

In your own words, describe the damage to your vessel and/or gear. Give a detailed description of the gear that was damaged.

Do you have an insurance policy on this vessel?  YES  NO

If yes, complete the following:

Policy Number: Insurance Company

Insurance Agent Information: NAME TELEPHONE NUMBER MAILING ADDRESS CITY STATE ZIP CODE

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

Have you ever filed a claim for the damage stated above under any United States Government Compensation program?  YES  NO

If yes, which program and when:

Have you ever filed a claim with this program?  YES  NO

If yes, when did you last file? Month: Year:

Have you ever filed a lawsuit on this matter?  YES  NO

**\*\*IF YOU ARE PAID BY AN INSURANCE COMPANY OR OIL AND GAS COMPANY, YOU ARE REQUIRED TO REPORT PAYMENT TO THE FUND\*\***

Give NAME, ADDRESS, and TELEPHONE NUMBER of all witnesses to the encounter. You must submit a notarized handwritten statement from each witness.

NAME MAILING ADDRESS CITY STATE ZIP CODE PHONE NUMBER

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

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

Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Sign & Print name Notary Public (include ID number)