

## OPA Business Claims Questionnaire

Please answer all of the following items (typed responses preferred). If you have any questions, please contact Jeff @ 1.800.BP.CLAIM or 941.822.0402. Be sure to mention you are calling regarding an OPA Claim, so that we can assist you promptly.

1. Name of Business (on federal tax return):
  - Type of Business:
  - Business Phone Number:
2. Nature of Business as of 04/20/2010:
3. State sources of income or types of customers for business as of 04/20/2010:
4. Describe in detail any efforts you have made to increase revenue or reduce cost following the spill:
5. State the total amount of operation cost you have saved (or were able to avoid) as a result of reduced operations since the spill:
6. How much are you claiming for lost profits or impaired earnings capacity?
  - How did you arrive at this amount?
7. Provide a description of the alleged loss the business has sustained:
8. Describe how you believe the losses were caused by the spill:
9. Did the business cease operations, declare bankruptcy, or liquidate substantially all of its assets since the spill?
10. Did the business receive any payments from the VoO program or from participation in any other response or removal activities?
  - If so, please contact Jeff @ 1.800.BP.CLAIM before proceeding
11. Provide the business address where the loss occurred:
  - Street:
  - City:
  - County:
  - State:
  - ZIP:
12. Please provide the NAICS code of the claiming business:
13. Please provide the Employer Identification Number of the business (EIN):
14. Date and location of the businesses incorporation:
15. Person (full name) authorized to act on behalf of the business:

- Title of authorized representative:
- Home Address of the authorized representative  
Street:  
City:  
County:  
State:  
ZIP:

Phone:

Cell:

Email:

16. Other associated business names (e.g. holding companies):