

OPA Individual 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.

2. First Name:

Last Name:

Middle Initial:

3. Street Address:

City:

County:

State:

ZIP:

4. Home Phone:

5. Cell Phone:

6. Email address:

7. Date of Birth (mm/dd/yyyy):

8. Social Security #:

9. Other names used (if applicable):

10. Current Employer Name:

11. Current Employer Street Address:

City:

County:

State:

ZIP:

12. Current Employer Identification Number (EIN):

13. Previous Employer:

14. Previous Employer Street Address:

City:

County:

State:

ZIP:

15. Previous Employer Identification Number (EIN):

16. Did you file a claim with BP, the Gulf Coast Claims Facility, or the Coast Guard National Pollution Funds Center?

If yes, please provide your claim number(s):

17. Did you receive payment from BP, GCCF, or NPFC?:

If so, please provide the amount and source of each payment you received:

18. Where you employed at the time of the spill (April 20, 2010)?:

If so, please provide the following information for the business (if same as above, please indicate as such)

Dates of Employment (Start and End):

Employer Name:

Employer Street Address:

City:

County:

State:

ZIP:

Employer Identification Number (EIN):

19. Describe your occupation, including job title, at the time of the spill:

20. Provide a description of how the spill affect our profits or impaired your earning capacity:

21. How much are you claiming for lost profits or impairment of earning capacity?: \$

How did you arrive at this figure?

22. Provide a description of the actions you took and expenses you incurred in trying to offset the loss of profits or impairment of earning capacity caused by the spill.

23. Did you receive any payments from the VoO program or from participation in any other response or removal activity? If yes, please call Jeff @ 1.800.BP.CLAIM before proceeding)