

**Must be
Postmarked
No Later Than
December 15, 2016**

**HESI/Transocean Punitive Damages &
Assigned Claims Settlements
PO Box 10260
Dublin, OH 43017-5760
1-877-940-7792
GulfSpillPunitiveDamagesSettlement.com**



PART I - GENERAL INSTRUCTIONS

1. **IN MOST CASES YOU DO NOT NEED TO FILE A CLAIM FORM; IF YOU WERE A DEEPWATER HORIZON ECONOMIC AND PROPERTY DAMAGES SETTLEMENT (DHEPDS) CLAIMANT YOUR DHEPDS CLAIM WILL BE TRANSFERRED AUTOMATICALLY FOR REVIEW.** You are urged to carefully read the Distribution Model available for review or download from GulfSpillPunitiveDamagesSettlement.com.

Old Class Assigned Claims also settled under the HESI and Transocean Settlements will not be allocated by the New Class Claims Administrator. **DO NOT FILE A NEW CLASS CLAIM** if your only potential eligibility is as an Old Class Assigned Claims class member.

All capitalized terms used in the Claim Form shall have the same meaning as defined in the Distribution Model or Settlement Agreements; all are available for download at GulfSpillPunitiveDamagesSettlement.com or you may request mailed copies by calling 1-877-940-7792.

2. If you are **NOT** a member of the New Class OR the questions in Part II - "Should I File a Claim?" indicate you do not need to file a New Class claim, **DO NOT** submit a Claim Form.

The value of the Settlement Fund will be reduced by the amount of administrative costs and expenses used to determine claims and notify claimants; filing unnecessary claims will reduce the amount of funds available for distribution to the New Class.

3. If after completing Part II - "Should I File a Claim?" you are not sure if you need to file a New Class claim, please contact the Claims Administrator at 1-877-940-7792 or email Questions@GulfSpillPunitiveDamagesSettlement.com.
4. **All Claim Forms must be postmarked no later than December 15, 2016.** Do not email Claim Forms. Mail your completed and signed Claim Form addressed to the Claims Administrator at:

HESI/Transocean Punitive Damages &
Assigned Claims Settlements
c/o Garden City Group, LLC
PO Box 10260
Dublin, OH 43017-5760

5. All claims must be made by the individual(s) or entity that incurred the loss at the time of the Spill unless documentation can be provided demonstrating a transfer of that interest; this documentation may include, but is not limited to the following:

For Individuals - In the event of death or incapacity, executors/administrators, guardians/conservators, and trustees may complete and sign the Claim Form, but they must provide proof of their authority (e.g., court appointment, power of attorney, letters testamentary/domiciliary/administration, copy of trust instrument, proof of succession, etc.).

For Entities - Proof of transfer would include purchase agreement signed by all parties, dissolution documentation showing who received final disposition of assets.

Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - GENERAL INSTRUCTIONS (CONTINUED)

6. Claims will be delineated by taxpayer identification number for the claiming individual or entity in similar fashion to the handling by the Deepwater Horizon Economic & Property Damages Settlement (DHEPDS).

The prior exception for Real Property held jointly by a married couple will continue; for this claim type only one claim by one spouse will encompass 100% of the interest in the real property owned by the married couple.

Please remember to consult Part II - "Should I File a Claim?" to determine if a Claim Form is actually required in order to evaluate your claim for a HESI/Transocean punitive damages award.

7. If you are *eligible to file* a Claim Form this is not a guarantee that your claim will yield a punitive damages award value.
8. If Part II - "Should I File a Claim?" instructs you to file a Claim Form, you must fully complete the Claim Form and provide the required documentation. Additional documentation may be required. Failure to timely provide documentation as requested may result in rejection of your New Class claim.

PART II - SHOULD I FILE A CLAIM?

1. Are you a DHEPDS Class member that filed a "relevant claim type"¹ in the DHEPDS Program (also known as the Deepwater Horizon Economic Claims Center or "DHECC" or Court Supervised Settlement Program ("CSSP") from June 4, 2012 - June 8, 2015?

Yes - Go to Question 1a

No - Go to Question 2

- 1a. Did you receive a payment from the DHEPDS Program?

Yes - STOP; DO NOT FILE A NEW CLASS CLAIM. Your DHEPDS claim will transfer for consideration automatically.

No - Go to Question 1b

- 1b. Are you still waiting for a determination on your DHEPDS claim?

Yes - Go to Question 4

No - Go to Question 1c

- 1c. Was your DHEPDS Program claim denied because you had a valid DHEPDS Opt Out?

Yes - Go to Question 8

No - Go to Question 1d

- 1d. Was your DHEPDS Program claim denied for another reason or withdrawn after issuance of an FWA Investigation Notice?

Yes - STOP; DO NOT FILE A NEW CLASS CLAIM.

No - STOP; REQUEST ADDITIONAL ASSISTANCE.

New Class claim determinations/eligibility will be based solely on the submissions already made to the DHEPDS and upon the determination(s) by the DHEPDS.

Filing an additional claim cannot change your DHEPDS determination or award amount and will unnecessarily delay processing and payment of all claims in addition to increasing administrative costs, which must be paid from the Settlement Funds² before the pro rata distribution to New Class eligible claimants will occur.

Call the HESI/Transocean Helpline at 1-877-940-7792 or email Questions@GulfSpillPunitiveDamagesSettlement.com to request assistance in determining if you need to file a Claim Form. Please contact the Claims Administrator at least two weeks in advance of the Claims Filing Deadline, December 15, 2016, if you require assistance.

¹ A "relevant claim type" as used herein means claims for Coastal Real Property (CRP), Real Property Sales (RPS), Wetlands Real Property (WRP), Vessel Physical Damage, Seafood Compensation, Business Economic Loss (BEL) for Charterboat Operators (as identified by assigned NAICS code), Individual Economic Loss (IEL) for Charterboat crew members (as identified by assigned NAICS code), and/or Loss of Subsistence.

Claims for other categories such as Vessels of Opportunity Charter Payment, BEL claims for any business other than a Charterboat Operation (including Start-Up, Failed, Individual Periodic Vendor, and Festival Vendor), IEL for any profession except a Charterboat Crew member are not eligible for punitive damages under general maritime law and will not be considered for New Class inclusion; all eligible, payable DHEPDS claims will remain part of the Old Class Assigned Claims portion of the Settlements. The Old Class Assigned Claims allocation will be administered by the DHEPDS Claims Administrator, which is unrelated to the New Class claims process.



PART II - SHOULD I FILE A CLAIM? (CONTINUED)

2. Are you a person or entity that could have filed a claim with the DHEPDS (you were a DHEPDS Class member), but elected not to file a “relevant claim type” in the DHEPDS?

Yes - Go to Question 4

No - Go to Question 3

3. Are you a person or entity who received payment from BP pursuant to a voluntary settlement with BP, other than a settlement through the Gulf Coast Claims Facility (“GCCF”), and which settlement did not include a release of claims for punitive damages against Halliburton and Transocean?

Yes - COMPLETE THE CLAIM FORM BELOW.

No - Go to Question 4

All New Class claims will be subject to eligibility and documentation requirements for each specific claim type indicated by the claimant (CRP, WRP, RPS, Oyster Leaseholder, Vessel Physical Damage, Personal Property Damage >\$500, Seafood Compensation, Charterboat Operator, Charterboat Crew, or Loss of Subsistence).

4. Are you a person or entity that filed a valid opt-out for the DHEPDS?

Yes - Go to Question 8

No - Go to Question 5

5. Are you a person or entity that executed a GCCF Release and Covenant Not to Sue (other than those for bodily injury only) or BP Claims Process Full and Final Release, Settlement, and Covenant Not to Sue that gave up your rights to pursue claims for punitive damages from HESI and Transocean pursuant to your signed release?

Yes - STOP; DO NOT FILE A CLAIM FORM.

No - Go to Question 6

If you gave up your right to pursue punitive damages from HESI and Transocean, you cannot be compensated from these settlements and your claim will be rejected.

6. Are you a person or entity that was “excluded” from participating in the DHEPDS (local governments, oil & gas industry, etc.)?

Yes - Go to Question 8

No - Go to Question 7

7. Are you a person or entity that sustained personal property physical damage in excess of \$500 as a result of the Deepwater Horizon Incident, but whose claim circumstance was not recognized under the DHEPDS Claim Types?

Yes - Go to Question 8

No - STOP; DO NOT FILE A CLAIM FORM.

Such persons and entities have received no compensatory damages and are barred from asserting claims for compensatory damages in the future as a result of the DHEPDS class-wide release. Consequently, no punitive damages may be awarded under the Distribution Model.

² The “Settlement Funds” refer to the combined values of the Settlement Agreements available for the benefit of the New Class.



PART II - SHOULD I FILE A CLAIM? (CONTINUED)

8. Based on your prior answers, you are either (a) an individual or entity who was not a DHEPDS Class member by virtue of the type of claim; (b) an individual or entity that was a DHEPDS "excluded" party;³ or (c) validly Opted Out of the DHEPDS Class.

Have you preserved your rights in compliance with PTO 60?⁴

Yes - COMPLETE THE CLAIM FORM BELOW.

No - STOP; IF FILED, YOUR NEW CLASS CLAIM WILL BE VALUED AT \$0.

Required documentation for such claimants shall include proof of claimant's timely preservation of its rights to a claim for damages by compliance with MDL-2179 Pretrial Order 60, or, if you settled your claim with Court-appointed Neutrals, provide a copy of your settlement agreement.

Claims from claimants who were not included within the DHEPDS and are otherwise allowed to file a New Class claim will be assigned no value unless they adequately preserved their right to pursue damages by complying with PTO 60.

All New Class claims will be subject to eligibility and documentation requirements for each specific claim type indicated by the claimant (CRP, WRP, RPS, Oyster Leaseholder, Vessel Physical Damage, Personal Property Damage >\$500, Seafood Compensation, Charterboat Operator, Charterboat Crew, or Loss of Subsistence).

³ Certain industries noted as "excluded" in the DHEPDS Agreement were allowed to file CRP and WRP claims; if you were among those exceptions, you will be barred from filing a New Class claim for any "relevant claim type" for which you had the right to file in the DHEPDS.

⁴ MDL-2179 issued Pretrial Order 60 ("PTO 60") on March 29, 2016, requiring individuals and entities to preserve their rights to pursue a claim for damages by filing an individual law suit no later than May 2, 2016, unless an extension was granted by the Court for that party. PTO 60 is available on the "Court Documents" tab of the website, GulfSpillPunitiveDamagesSettlement.com.

PART III - CLAIMANT INFORMATION

Claimant Information:

Claimant Name (if filing on behalf of a business, enter the Business Name here):

[Grid for Claimant Name]

Claimant Taxpayer Identification Number (Social Security/Individual Taxpayer Identification Number for Individuals or employer identification number for entities):

[Grid for Claimant Taxpayer Identification Number]

Address Line 1:

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Country:

[Grid for Country]

Phone Number:

[Grid for Phone Number]

Email Address:

[Grid for Email Address]



PART III - CLAIMANT INFORMATION (CONTINUED)

Claimant/Business Representative Information (not attorney, not claims preparer):

Representative Name (if applicable):

[Grid for Representative Name]

Representative Title:

[Grid for Representative Title]

Address Line 1:

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City:

State:

Zip Code:

[Grid for City, State, Zip Code]

Country:

Phone Number:

[Grid for Country, Phone Number]

Email Address:

[Grid for Email Address]

Attorney Information:

Attorney Firm Name (if applicable):

[Grid for Attorney Firm Name]

Attorney Name:

[Grid for Attorney Name]

Firm Contact:

[Grid for Firm Contact]

Address Line 1:

[Grid for Address Line 1]

Address Line 2:

[Grid for Address Line 2]

City:

State:

Zip Code:

[Grid for City, State, Zip Code]

Country:

Phone Number:

[Grid for Country, Phone Number]

Email Address:

[Grid for Email Address]


PART III - CLAIMANT INFORMATION (CONTINUED)
Claims Preparer Information:
Claims Preparer Firm Name (if applicable):

Claims Preparer Contact Party:
Address Line 1:
Address Line 2:
City:
State:
Zip Code:
Country:
Phone Number:
Email Address:
PART IV - CLAIM FORM

Select the applicable claim types within each of the five Claim Categories by checking the appropriate boxes and completing the required information fields. At the end of each section is a Required Documentation Matrix; provide all required documentation with your completed, signed Claim Form. All of the Sworn Written Statements (SWS) listed in the matrix at the end of each Claim Category section are available for download on the Claim Form page of the settlement website, GulfSpillPunitiveDamagesSettlement.com.

Failing to fully complete the applicable sections of the Claim Form or provide documentation as requested will delay processing and may result in rejection of your claim; if you have questions, please contact the Claims Administrator for assistance at 1-877-940-7792 or email Questions@GulfSpillPunitiveDamagesSettlement.com for assistance.

ATTENTION: ALL NEW CLASS CLAIMANTS – REQUIRED DOCUMENTATION
Required Documentation

In addition to selecting any/all Claim Types by checking the appropriate boxes in the Claim Category sections below, all claimants must provide the required documentation listed in the matrix at the end of each Claim Category section. All of the Sworn Written Statements (SWS) listed in the matrix at the end of each Claim Category section are available for download on the Claim Form page of the settlement website, GulfSpillPunitiveDamagesSettlement.com. If you have questions about what documentation is required, please call 1-877-940-7792 or email Questions@GulfSpillPunitiveDamagesSettlement.com. Claims received without the required documentation may be rejected.

Pretrial Order 60 Compliance

New Class claims must be accompanied by documentation demonstrating compliance with PTO 60, which typically will be a copy of a timely-filed individual lawsuit bearing a Docket Number assigned by the MDL-2179 Court UNLESS you entered into a settlement directly with BP facilitated by the Court-appointed Neutrals; then you may wish to provide a copy of your settlement agreement to avoid any processing delays.

New Class claims received from claimants who have not complied with the requirements of PTO 60 will receive a value of \$0.

Parties who settled with the GCCF or BP Claims Center have released their rights to punitive damages against HESI and Transocean and will not be eligible to participate. Do not file a claim if you have signed a GCCF Release and Covenant Not to Sue (other than those for bodily injury only) or BP Claims Process Full and Final Release, Settlement, and Covenant Not to Sue.



PART IV - CLAIM FORM (CONTINUED)

CLAIM CATEGORY I: REAL PROPERTY

COASTAL REAL PROPERTY (inclusive of Personal Property loss/damage to structures on the premises due to the Spill)

Property Street Address:

[Grid for Property Street Address]

City: State: Zip Code:

[Grid for City, State, Zip Code]

Owner(s) Name(s) and Percentage Ownership (attach additional sheet if more than two (2) owners):

Name: Percentage:

[Grid for Owner Name and Percentage]

Name: Percentage:

[Grid for Owner Name and Percentage]

Describe any Personal Property/structure damages on this property associated with the Deepwater Horizon Incident (attach additional sheet if additional space is needed):

Item/Description: Purchase Price:

[Grid for Item/Description and Purchase Price]

Damage Description: Repair/Replacement Cost:

[Grid for Damage Description and Repair/Replacement Cost]

WETLANDS REAL PROPERTY (inclusive of Personal Property loss/damage to structures on the premises due to the Spill)

Parcel Identification Number:

[Grid for Parcel Identification Number]

County/Parish:

[Grid for County/Parish]

Owner(s) Name(s) and Percentage Ownership (attach additional sheet if more than two (2) owners):

Name: Percentage:

[Grid for Owner Name and Percentage]

Name: Percentage:

[Grid for Owner Name and Percentage]

Describe any Personal Property/structure damages on this property associated with the Deepwater Horizon Incident (attach additional sheet if additional space is needed):

Item/Description: Purchase Price:

[Grid for Item/Description and Purchase Price]

Damage Description: Repair/Replacement Cost:

[Grid for Damage Description and Repair/Replacement Cost]


 REAL PROPERTY SALES

 Property Street Address:

 City:

 State:

 Zip Code:

 2010 Property Tax Parcel Identification Number:

 County/Parish:

Owner(s) Name(s) and Percentage Ownership (attach additional sheet if more than two (2) owners):

 Name:

 Percentage:

 Name:

 Percentage:

 Date of Purchase Contract:

 / / 2 0 1 0

 Date of Purchase Contract Amendment (if applicable, add additional sheet if needed)

 / / 2 0 1 0

 Date of Closing:

 / / 2 0 1 0

 Closing Price:

 \$.
 OYSTER LEASEHOLDER

 Oyster Lease Numbers (attach an additional sheet if needed):

 Lease Details/Geographic Boundaries:

 Lease Issued By:

 Sublease: Yes No

 Co-Lessor: Yes No

Real Property Required Documentation Matrix:

Documentation Required	Coastal Real Property	Wetlands Real Property	Real Property Sales	Oyster Leaseholder
2010 Property Tax Bill	X	X		
Deed showing ownership on 4/20/2010	X ⁴	X	X	
Lease w/ Proof of Payment	X ⁵			
Purchase contract and any amendments			X	
Proof of transaction closing: HUD statement, closing statement, deed of transfer			X	
2010 Oyster Lease(s)				X
Oyster Leaseholder Claimant Sworn Written Statement (SWS-4)				X
For claims including damage to Personal Property at the real property location, include: Personal Property Damage Claimant Sworn Written Statement (SWS-1) and supporting documentation	X	X		

⁴ Required if you owned the Parcel or Deeded Boat Slip.

⁵ Required if you owned the Parcel or Deeded Boat Slip and leased it to someone else for 60 days or longer or if you leased the Parcel from someone else for 60 days or longer at any time between April 20, 2010 and December 31, 2010.


PART IV - CLAIM FORM (CONTINUED)
CLAIM CATEGORY II: PERSONAL PROPERTY DAMAGE
 VESSEL PHYSICAL DAMAGE
 PERSONAL PROPERTY DAMAGE IN EXCESS OF \$500
Personal Property Required Documentation Matrix:

Documentation Required	Personal Property Damages >\$500 unrelated to Real Property	Vessel Physical Damage
Personal Property Damage Claimant Sworn Written Statement (SWS-1) and supporting documentation	X	
Vessel Physical Damage Claimant Sworn Written Statement (SWS-9) and supporting documentation		X
2010 Vessel Registration		X
Vessel Title		X

CLAIM CATEGORY III: COMMERCIAL FISHERMEN

Compensable Seafood Claim Types fished in 2010:	Operator Type(s) claimed:	
	Non-Menhaden:	Menhaden:
<input type="checkbox"/> Menhaden <input type="checkbox"/> Shrimp <input type="checkbox"/> Oyster <input type="checkbox"/> Finfish <input type="checkbox"/> Finfish Individual Fishing Quota <input type="checkbox"/> Blue Crab <input type="checkbox"/> Other Seafood	<input type="checkbox"/> Vessel Owner <input type="checkbox"/> Vessel Lessee <input type="checkbox"/> Boat Captain <input type="checkbox"/> Seafood Crew (Non-Menhaden) <input type="checkbox"/> Leaseholder Lost Interest (Includes Harvester if Applicable)	<input type="checkbox"/> Vessel Owner/Lessee <input type="checkbox"/> Boat Captain <input type="checkbox"/> Boat Pilot <input type="checkbox"/> Mate <input type="checkbox"/> Fisherman <input type="checkbox"/> Chief Engineer <input type="checkbox"/> 2nd Engineer <input type="checkbox"/> Aerial Spotter <input type="checkbox"/> Cook

All Seafood Claim/Operator Types:
2010 Vessel Name(s):

2010 Vessel Owner Name(s):

2010 Boat Captain(s) Name(s):

2010 Home Port:

Vessel Registration Number (State & Federal, if known):



PART IV - CLAIM FORM (CONTINUED)

Documentation Required	Seafood Crew	Individual Fishing Quotas (IFQ)
Seafood Crew Compensation Plan Claimant Sworn Written Statement (SWS-2) and supporting documentation	X	
Individual Fishing Quota Claimant Sworn Written Statement (SWS-5) and supporting documentation		X

Documentation Required	Oyster				Finfish, Blue Crab, and Other Seafood		
	Leaseholder Lost Interest⁷	Vessel Owner	Vessel Lessee	Boat Captain	Vessel Owner	Vessel Lessee	Boat Captain
Proof of vessel ownership 4/20/2010 - 12/31/2010		X			X		
Proof of oyster bed leasehold 4/20/2010 – 12/31/2010	X						
Vessel Commercial Fishing License 2009/2010		X	X		X	X	
Vessel Name/Registration Number (state & federal)			X		X	X	
Gulf Coast Area Home Port Proof 4/20/2010-12/31/2010					X	X	
Oyster Leaseholder Claimant Sworn Written Statement (SWS-4) and supporting documentation		X	X		X	X	
Vessel Boat Captain Status Claimant Sworn Written Statement (SWS-6) and supporting documentation		X	X		X	X	
Boat Captain's license 2009/2010 (issued before 4/20/2010 for Oyster claims)				X			X
Proof of Boat Captain employment 4/20/2010-4/16/2012 on vessel(s) home ported or with landings in the Gulf Coast Areas				X			X
2010 Tax Returns	X	X	X	X	X	X	X
Vessel Log, Captain's Log, Share Sheets, Sales/ Production reports, if available		X	X	X	X	X	X
Proof of Gulf Coast Area landings 2010		X	X	X			
Contract/agreement for harvesting for Zone A, B, or C leases	X						
Oyster Leaseholder Claimant Sworn Written Statement (SWS-4) and supporting documentation	X						

CLAIM CATEGORY IV: CHARTERBOAT

CHARTERBOAT OPERATOR

CHARTERBOAT CREW

⁷ Oyster Leaseholder Lost Interest and Vessel Lessee/Operator claims will be combined and will use the Oyster Combined Harvester and Leaseholder median; documentation for both of the appropriate categories should be provided by the claimant.



PART IV - CLAIM FORM (CONTINUED)

Charterboat Required Documentation Matrix:

Documentation Required	Charterboat Operator	Charterboat Crew
2010 Charterboat License	X	
Proof of vessel ownership/lease 4/20/2010 - 12/31/2010	X	
Vessel Name/Registration Number (state & federal, all vessels claimed)	X	
Gulf Coast Area Home Port Proof 4/20/2010 - 12/31/2010	X	
Charterboat Operator/Crew Claimant Sworn Written Statement (SWS-3) (sections A and B only) and supporting documentation	X	
Charterboat Operator/Crew Claimant Sworn Written Statement (SWS-3) (sections A and C only) and supporting documentation		X

CLAIM CATEGORY V: LOSS OF SUBSISTENCE

LOSS OF SUBSISTENCE

Loss of Subsistence Required Documentation Matrix:

Documentation Required	Loss of Subsistence
Loss of Subsistence Claimant Sworn Written Statement (SWS-8)	X

PART V - CERTIFICATION RELEASE & SIGNATURE

Certification

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution. By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature: _____ Title (if applicable): _____

Printed Name: _____ Date: _____