

APPLICATION

# Gear Loss/Displacement Claim

Name	Address
Phone	Email
Vessel Name	Home Port
Vessel Owner	Vessel Operator/Captain/Crew
Vessel Documentation Number/ Registration & State	Vessel Type
Vessel Size	Gear Type
Claim Type (Gear Loss or Temporary Displacement)	Claim Amount

**If Applicant is seeking compensation for lost or damaged gear, the following information must be submitted:**

- A full statement about the damage and/or loss;
- Date the damage or loss was first discovered;
- Specific location of incident in NYS waters in long range navigation (LORAN) or latitude/longitude;
- Vessel Trip Report (VTR) for the trip on which the loss occurred or was discovered;
- VTRs for the three fishing trips immediately before the displacement occurred;
- VTR for the trip immediately following the trip on which the loss occurred or was discovered;
- If mobile gear, your vessel's direction, speed, and activities immediately before, during, and after the incident (including a full description of both the deployment of any fishing gear which is the subject of the claim and all attempts at retrieval of the gear);
- Names and addresses of all witnesses to the incident;
- If available, a description of the vessel, item, or obstruction which caused the incident and whether or not any surface markers were attached to or near the obstruction;
- Reasoning why the loss and/or damage is associated with the Project;
- An itemized and complete list of all lost and/or damaged fishing gear;
- Proof of purchase of all lost and/or damaged gear;
- An estimate from a gear repair or supply company to repair or replace lost or damaged gear; and
- If Applicant repairs the gear, a detailed estimate identifying the repair cost.

**If Applicant is seeking compensation for temporary displacement, the following information must be submitted:**

- A statement explaining why the Applicant was displaced and amount of time lost due to displacement;
- The date displacement started and ended;
- Location of displacement in NYS waters in LORAN or latitude/longitude;
- VTR for the trip on which the displacement occurred (if the trip was already underway);
- VTR of the fishing trip taken in place of the trip at the location of displacement;
- VTRs or other documentation showing history of fishing in location of displacement;
- VTRs for the three fishing trips immediately before the displacement occurred;
- VTR for the trip immediately following the displacement; and
- If mobile gear, a statement describing the amount of time each of the above trips took.

**Please attach the information requested above, as applicable, to this application.**

By submitting this Application, Applicant authorizes South Fork Wind, LLC (SFW) to make whatever reasonable inquiries and investigations it deems necessary to verify the claim made in this Application and request for compensation. Applicant understands that submitting this Application does not guarantee payment. Applicant further agrees that if the claim is accepted and paid, acceptance of such payment constitutes full, final and complete payment for this particular claim and that neither SFW, Orsted Offshore North America Inc., nor any of its affiliates or joint venture partners shall have any further outstanding or ongoing obligation with respect to this particular claim and Applicant shall not, directly or indirectly, assert any claim, or commence, join in, prosecute, participate in, or fund any part of, any suit or other proceeding of any kind against SFW, Orsted Offshore North America Inc., or any of its affiliates or joint venture partners, based upon this particular claim. If a claim is denied in part, Applicant may accept payment for the undisputed portion, as long as a release for that portion is provided, without waiving Applicant's right to appeal the disputed part of the claim. Applicant recognizes that submission of this Application does not affect Applicant's rights concerning matters other than those specifically identified in this particular Application. Finally, Applicant attests under penalty of perjury that to the best of Applicant's knowledge, the information submitted is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_