

<b>Department of Homeland Security</b> U.S. Coast Guard  ATTN: CLAIMS ADJUDICATION NATIONAL POLLUTION FUNDS CENTER US COAST GUARD STOP 7100 4200 WILSON BLVD STE 1000 ARLINGTON VA 20598-7100	<b>Optional OSLTF Claim Form</b> CG NPFC-CA1 (Rev. April 03)
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PURPOSE: This form may be used for submitting claims to the U.S. Coast Guard, National Pollution Funds Center, for potential compensation from the Oil Spill Liability Trust Fund for uncompensated removal costs or damages resulting from an incident under the Oil Pollution Act of 1990 (OPA). You may use your own version of this form. PLEASE PRINT OR TYPE:

**1. Claimant Information:**      Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Tel. #: \_\_\_\_\_      Work Tel. #: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_      E-mail: \_\_\_\_\_

**2. Incident Information:**      Date: \_\_\_\_\_ Time: \_\_\_\_\_ NRC Report #: \_\_\_\_\_  
 Name of vessel or facility causing damage: \_\_\_\_\_  
 Geographic location of incident: \_\_\_\_\_  
 Brief description of the incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Type(s) of claim(s) and total amount for costs and damage(s) claimed:**

\$ _____	Subsistence Use	\$ _____	Profits & Earning Capacity	\$ _____	Removal Costs
\$ _____	Natural Resources	\$ _____	Government Revenues	\$ _____	Public Services
					Real or Personal Property
\$ _____ <i>Total Amount Claimed</i>					

**4. Has claimant communicated with the responsible party?**     No     Yes

**5. Has the claim been submitted to the responsible party?**     No     Yes    Date Submitted: \_\_\_\_\_

**6. If the claim has been submitted to the responsible party, what action has the responsible party taken?**

No Action     Denied     Other – Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Has claimant commenced an action in court to recover costs which are the subject of the claim?**

No     Yes    If yes, provide the name, address, phone number of your attorney, the court in which action is pending and the civil action number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Optional OSLTF Claim Form

CG NPFC-CA1

8. Has claimant submitted or planned to submit the loss to an insurer?  No  Yes Please provide the name, address, and phone number of your insurer, the policy number, and explain any compensation received:

\_\_\_\_\_  
\_\_\_\_\_

9. Description of the nature and extent of damages claimed (Attach additional information as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Description of how the incident caused the damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Description of actions taken by claimant/representative to avoid or minimize damages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**12. Witnesses:**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**13. List Documents or Attachments (Attach additional information as necessary):**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

I, the undersigned, agree that upon acceptance of any compensation from the Fund, I will cooperate fully with the United States in any claim or action by the United States to recover the compensation. The cooperation shall include, but is not limited to, immediately reimbursing to the Fund any compensation received from any other source for the same costs and/or damages and, providing any documentation, evidence, testimony, and other support, as may be necessary for the Fund to recover such compensation.

I, the undersigned, certify that, to the best of my knowledge and belief, the information contained in this claim represents all material facts and is true. I understand that misrepresentation of facts is subject to prosecution under Federal law (including but not limited to 18 U.S.C. 287 & 1001 and 31 U.S.C. 3729).

14. \_\_\_\_\_  
Claimant's Signature Date  
Printed Name of Signer: \_\_\_\_\_

15. \_\_\_\_\_  
Legal Representative Date  
Title/Legal Capacity: \_\_\_\_\_

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## PRIVACY ACT STATEMENT

**AUTHORITY:** 33 U.S.C. 2713. **PRINCIPAL PURPOSE:** To aid the Coast Guard in adjudicating claims for reimbursement of removal costs and damages from oil spills when the Responsible Party has not paid. **ROUTINE USES:** Information on reimbursements may be provided to the Internal Revenue Service for tax purposes and may be provided to the Department of Justice for litigation against the Responsible Party. **DISCLOSURE:** Decision to submit a claim is voluntary; but, if proper information is not furnished by the claimant, the Government may be unable to evaluate or pay a claim.

This information applies to all claims against the Oil Spill Liability Trust Fund, whether or not the Optional OSLTF Claim Form is used.

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## OPTIONAL OSLTF CLAIM FORM — INSTRUCTIONS

Please provide all information, evidence, and documentation that supports the removal costs and/or damage(s) claimed. **Use additional sheets or pages, as necessary,** to provide information, evidence, and documentation. The following numbered paragraphs correspond to the numbers on the optional claim form:

1. Complete name, street, city, state, ZIP and phone number of the claimant (party that incurred damage and is seeking reimbursement).
2. If known, provide the following incident information on the oil spill or threat of oil spill causing or suspected of causing the removal costs and/or damage(s) claimed:
  - The identity of the vessel, facility or entity causing or suspected of causing the incident.
  - Describe the geographic area and waterway directly affected by the oil spill or threat of oil spill.
  - Briefly describe any known information regarding the occurrence of the oil spill or threat of oil spill.
3. Indicate the amounts by the type of claim(s) being submitted. Provide the total amount claimed.
4. Indicate if claimant has had any communication (written or verbal) with the entity causing or suspected of causing the damage(s) claimed.
5. Has the claimant or the claimant's legal representative submitted the claim(s) to the entity causing or suspected of causing the damage claimed? If yes, include the date submitted.
6. If claim was submitted to the responsible party, indicate any response (written or verbal) or any payment you have received. Provide the date the claim was submitted.
7. Indicate if the claimant is pursuing a claim(s) against the responsible party by legal representation in a court of law. If yes, provide all information that will enable us to contact your legal representative and identify your case.

\* \* **At the bottom of the first page of the form, please initial and date the page.** \* \*

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8. Indicate if claimant is pursuing payment from an insurance carrier for costs that are included in the claim. If yes, provide all information that will enable us to contact the insurer and identify the claimant's policy.
  9. Provide detailed information, evidence, and documentation that describes the extent of the damage(s) claimed. Attach copies, if necessary, of all pertinent information.
  10. Provide any information, evidence, and documentation that will help describe how the oil spill, or threat of oil spill, caused the removal costs and/or damage(s) claimed.
  11. Provide any information, evidence, and documentation that describe the actions of the claimant or any other person on the claimant's behalf to reduce or avoid the damage(s) claimed.
  12. Provide the name, address and telephone number (if known) of any witness to the damage(s) claimed. On a separate page provide a summary of each witness's knowledge of the damage(s) claimed or the incident causing or suspected of causing the damage(s) claimed.
  13. If you provide additional documents, please list them here or on a separate piece of paper.
  14. If the claimant is an individual, that person must sign the claim. If the claimant is a corporation, an officer of the company must sign the claim. All signatures must be in ink to be valid.
  15. If the claim is presented by a legal representative, that legal representative must also sign the claim. Provide the complete address and phone number of that legal representative.

Submit your claim, with any necessary information, evidence, and documentation to:

ATTN: CLAIMS ADJUDICATION  
NATIONAL POLLUTION FUNDS CENTER  
US COAST GUARD STOP 7100  
4200 WILSON BLVD STE 1000  
ARLINGTON VA 20598-7100

Claims for Natural Resource Damages or for Loss of Subsistence Use of Natural Resources may be addressed to "ATTN: NATIONAL RESOURCE DAMAGES CLAIMS DIVISION".

We recommend that you keep the Privacy Act Statement and a copy of the claim for your files.