

**Tidewater Barge Lines
Oil Spill Claim Form**

1. Claimant Information:

Name:

POC:

Address:

Telephone:

Fax:

E-mail:

2. Provide Incident Details, if available:

Date & Time Injury or Damage Discovered:

Location of Injury or Damage:

Position (Lat/Long) of Injury or Damage:

3. Describe the injury or damage you are claiming:

4. Did you have any prior contact with Tidewater regarding your claim? With who? Please describe.

5. What is the type of claim you are submitting and what is the total monetary amount you are claiming in U.S. dollars? *(Must be sum certain)*

Claim Type: _____

Total Amount Claimed: \$ _____

6. Have you or your legal representative submitted the claim to an insurer or another responsible party before submitting this claim to Tidewater?

(Yes/No) – if “yes” provide date claim submitted to insurer or other RP and provide contact information

7. If the claim was submitted to an insurer of another responsible party, what response (written or verbal) or payment did you receive?

(i.e. Insurer or RP took no action, denied the claim, stated they had no money to pay the claim, made only a partial payment of \$\$\$, or other – explain)

8. Have you commenced an action in court to recover costs which are the subject of this claim?

(Yes/No) – if “yes” provide contact information for your attorney (name, address, telephone number), the court in which action is pending, and the civil action number

9. Describe the nature and extent of injuries or damages claimed, as supported by the documentation you are submitting with this claim:

10. Description of how the injury or damage was caused:

11. What actions did you take, if any, to minimize the injury or damages you claim:

12. Witnesses:

(Provide the name, address, telephone number, & email address) of anyone who witnessed the injury or damage you claim. Also provide a summary of each witness's knowledge of the injury or damage claimed, and/or the incident which caused the injury or damage.

Name:
Address:
Telephone Number:
Fax:
Email:
Summary:

Name:
Address:
Telephone Number:
Fax:
Email:
Summary:

Name:
Address:
Telephone Number:
Fax:
Email:
Summary:

13. List of Documents & Attachments:

14. Claimant's Signature & Date:

I, the undersigned, agree that upon acceptance of any compensation from Tidewater, I will cooperate fully in any claim or action by Tidewater to recover costs paid out in claims from any 3rd Party or entity that may also be responsible for the oil spill. This 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 may result in legal action against me.

Signature

Date

Print Name

15. Legal Representative's Signature & Date:

Is this claim being presented to Tidewater by your legal representative? If so, the legal representative must also sign this claim and provide contact information.

Signature

Date

Legal Representative's Name:

Address:

Telephone Number:

Fax:

Email: