

Application Form

Date of Application Submittal:

Name:

Business name:

Phone Number:

Address:

Email:

Home Port:

Vessel name:

Vessel documentation number:

Federal fishing permit

State landing permit:

Gear Type:

Claim amount:

Description of Incident causing Damage/Loss:

Date of incident:

Time of day, weather conditions:
(optional)

Location of gear loss/damage:

A. Lat/Long OR Loran

B. Photo of chart plotter/vessel tracks

Gear description - Markings /polyballs, highflyers:

Offshore wind vessels in the area, other vessel activity:

When was the last time gear was set and hauled?

Was any of the gear retrieved?

How many gillnets, pots, highflyers, trawl, doors, ground cables, scissor legs, etc. are lost/damaged?

Invoice for replacement gear or gear repair (must be substantially similar to gear that was lost/damaged)

Remaining questions only need to be completed if claiming lost fishing time:

Description of normal fishing activity / fishing gear configuration

Date of loss:

Date of replacement:

Proof of fish landing history through VTR, sales slip, or similar type of documentation:

Tag replacement application/receipt, both state and federal if applicable:

By submitting this Application, Applicant authorizes Mayflower Wind Energy LLC to make whatever reasonable inquiries and investigations it deems necessary to verify my application and request for compensation.

Applicant understands that submitting this Application does not guaranty payment. Applicant further agrees that if this claim is accepted and paid in its entirety, that acceptance of such payment constitutes full, final and complete payment for this particular claim and that neither developer nor any of its affiliates shall have any further outstanding or ongoing obligation with respect to this specific 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 developer or any of its affiliates, based upon this specific claim. If a claim is denied in part, Applicant may accept payment for the undisputed part without waiving Applicant's right to appeal the disputed part of the claim. Applicant recognize that submission of this Application does not affect Applicant's rights concerning matters other than those specifically identified in this specific Application.

I attest, under penalty of perjury, that to the best of my knowledge the information in this Application is true and correct.

Signature:

Date: