Gear Loss or Damage Claim Application Form

I. Application for Gea	ar Repair or Replacement		
Offshore Wind Company:	\Box RWE Offshore Wind Holdings, LLC	□Vineyard Offshore, LLC	
Date of application:			
Name of Applicant:			
Entity type (LLC, corporation proprietor):	, individual		
Address:			
Email:			
_			
Phone:			
Vessel name :			
Home port:			
Vessel documentation numb	per:		
Federal fishing permit number:			
State fisheries landing permi	t:		
Gear type:			

Description of incident causing gear damage or loss, and extent of the gear damage or loss, believed

attributable to offshore operations associated with the project:

Date of gear loss incident (specify actual/observed or estimated):

Time of day and weather conditions during time of loss (if known):

Location of gear damage or loss (lat/lon, specify format):

Spatial record of gear damage location (chart plotter, logbook, other—specify, and please provide image or copy):

Gear description and markings:

Description of offshore wind vessels and any other vessels in area of gear damage/loss (specify source—observation, AIS, etc.):

When was gear last set or hauled:

Was any gear retrieved, how much, and condition:

How much gear (pots, traps, high flyers, etc.) was damaged or lost in this specific incident?

Claim amount requested for damaged or lost gear, including the cost of gear tag replacement, if applicable. (This section of the claim form is limited to the direct cost of gear repair or replacement.):

See Application Checklist for required documentation.

II. Additional claim for lost fishery income

In addition to the claim for the cost of replacing or repairing lost or damaged gear (Section I, above), this claims process allows Applicants to submit a claim for lost fishery income associated with the gear loss/damage event. There are two options for the lost fishery income portion of the claim. Please check the box of the desired option and follow the respective instructions. Select only one option.

 \Box Option A – Additional compensatory settlement of 50% of the cost of the gear repair or replacement to compensate for time and/or lost income associated with the gear loss or damage event. This option is a streamlined, abbreviated claims process and does not require additional documentation. If Option A is selected, please proceed to Section III.

 \Box Option B – A specific compensatory settlement request for lost fishery net income associated with the gear loss or damage event. Option B is a detailed process for substantiating the respective claim and requires the additional information and documentation outlined below.

Additional documentation required for Option B only

If an Applicant selects Option B to claim lost fishing net income the following documentation is required. If an Applicant selects Option A this section does not need to be completed and no additional documentation is required to support this section of the claim.

Date of gear damage/loss:

Date of gear repair/replacement (or planned repair/replacement):

Amount of claim for lost fishing net income directly associated with this gear loss or damage event:

Description of lost fishing net income directly associated with this gear loss or damage event:

Description and documentation of fish landing history, sales records, and operating expenses for either: a) the 30-day period prior to gear damage/loss and for the period associated with the claimed loss, or b) a comparable 30-day period in the prior year, if applicable, and vessel trip report (VTR) records or state landing records if fishery is not subject to VTR requirements. (If an Applicant feels these methods do not accurately represent lost net fishing income, please contact the respective Company's Fisheries Liaison to discuss alternative reference points.)

III. Application terms and conditions and Applicant signature

By submitting this Form, Applicant authorizes the respective Company to make whatever reasonable inquiries and investigations it deems necessary to verify this application and request for compensation.

Applicant understands that submitting this Application does not guarantee payment or payment in full. Applicant further acknowledges and 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 a full final and complete resolution and release of all claims related to the underlying incident that Applicant has or may have against the Company, its employees, shareholders, and affiliates, and their respective employees, and that neither the Company nor any of its affiliates, employees, or shareholders 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 the Company or its affiliates, employees, or shareholders based upon the incident giving rise to this specific claim. If a claim is denied in part, Applicant may accept payment for the undisputed part, subject the same terms and conditions specified in the paragraph above, without waiving Applicant's right to appeal the disputed part of the claim. By accepting such undisputed portion of the claim, Applicant accepts that this claim process (including any appeal of the disputed portion of the claim) constitutes the full, final and complete resolution of all claims related to the underlying incident. Applicant recognizes that submission of this Application does not affect Applicant's rights concerning matters arising out of incidents other than those specifically identified in this specific Application.

I attest that I am signing and filing this Application in my individual capacity as the applicant or that I am legally authorized to sign on behalf of the Applicant, and, under penalty of perjury, that to the best of my knowledge no other Application has been filed claiming the same loss or damage and the information in this Application is true and correct.

Signature _____

Date	

Application Checklist

The following documentation and forms are required for claims to be processed:

- Completed and signed application.
- Completed and signed Form W-9 (<u>https://www.irs.gov/pub/irs-pdf/fw9.pdf</u>).
- A detailed invoice for original gear, if available, and either: a) a paid invoice for gear that has already been repaired or replaced; or b) a detailed quote for gear repair or replacement from the supplier. Approved claims will be based on gear replacement or repair costs, if provided.
- > Image or copy of documentation (chart plotter, logbook, etc.) of location of gear damage incident.
- > Any available photos of undamaged and damaged gear.
- > Documentation of gear tag replacement application/receipt, if applicable.
- > Documentation to support claims of lost fishing income under Section II, Option B only, if appliable.
- > Any additional information Applicant wishes to have considered in support of application.

Our Fisheries Liaisons are here to help. Please return this form and attachments by delivering an electronic copy via email to the respective Company's Fisheries Liaison.

RWE Offshore Wind Holdings, LLC	Vineyard Offshore, LLC	
Ricky Alexander, Fisheries Liaison	Lucia Ordonez, Fisheries Liaison	
Email: Ricky.Alexander@rwe.com	Email: lordonez@vineyardoffshore.com	
Cell: 312-504-9085	Cell: 707-572-9011	

Please note that the payment cannot be processed without a signature and completed Form W-9. If applications are deemed incomplete, they will be returned to the Applicant within 15 business days to complete the application.