

III. Process for Claim Review

1. Claims will be reviewed by Leading Light Wind Fisheries Liaison Officer and a Leading Light Wind representative.
2. Applicants will be notified of the result of the review, in writing, within 30 days of receiving the completed claim form and required attachments.
 - If the claim is found to be valid, payment will be remitted to the Applicant within 10 business days of approval by Leading Light Wind.
 - If the claim is denied, a written explanation will be provided to the Applicant.
3. Applicants who wish to contest the decision may file a written notice of appeal with Leading Light Wind. The appeal will be deferred to a third party for review. The decision of the third party is final and not subject to any further right of appeal.

Leading Light Wind will not be held liable for gear loss or damages that could have reasonably been prevented by Applicant. If Applicant accepts payment from Leading Light Wind as a result of a claim, Leading Light Wind will be deemed fully released from the respective claim. Leading Light Wind reserves the right to request additional information to support review of a claim; the review process will be extended by 15 days upon receiving any additional information.

[Claim Form Attached]

Gear Loss/Damage Claim Form (Page 1 of 2)

Applicant Name: _____

Applicant Phone Number: _____

Applicant Email: _____

Date and Approximate Time of Incident: _____

Vessel Name: _____

Home Port: _____

State License #: _____

Federal Permit #: _____

Fishing Gear Type: _____

Description of Gear Lost/Damaged: Include as much detail as possible to describe lost/damaged gear and extent of damage. Continue writing on back if necessary.

Quantity of gear lost (if applicable): _____

Replacement Cost: \$ _____

Total Damage Cost: \$ _____

Include the following attachments:

- | | |
|--|--|
| <input type="checkbox"/> Copy/proof of a valid fishing permit. | <input type="checkbox"/> Copy of receipt for original purchase of fishing gear that was lost/damaged. |
| <input type="checkbox"/> A vessel trip report (VTR) for the trip in which the gear loss/damage occurred, or sales slip for fish landings for period of gear loss/damage showing that the vessel was fishing in the area at the time of the incident. | <input type="checkbox"/> Sales slip or gear invoice for replacement or repair gear (must be identical to gear that was lost/damaged) |
| <input type="checkbox"/> Proof of vessel ownership | <input type="checkbox"/> Location of gear loss/damage – either GPS coordinates and/or photo of chart plotter |
| <input type="checkbox"/> Photos of vessel/damaged gear | <input type="checkbox"/> Completed W-9 form
(https://www.irs.gov/pub/irs-pdf/fw9.pdf) |

Gear Loss/Damage Claim Form (Page 2 of 2)

I, _____, as Applicant hereunder, hereby understand that submitting this Gear Loss/Damage Claim Form does not guarantee payment. I further acknowledge and agree that (i) if this claim is accepted and paid by Leading Light Wind, my acceptance of such payment constitutes full, final, non-appealable and complete payment for the claim and that neither Leading Light Wind nor any of its affiliates, and its and its affiliates' contractors, agents or employees shall have any further outstanding or ongoing liability or obligation with respect to this claim or the loss of or damage to the gear described above, and (ii) I hereby release and discharge Leading Light Wind and its affiliates, contractors, agents and employees from all liability related to the claim as of the date of acceptance of the payment. I further acknowledge and agree that I 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 Leading Light Wind or any of its affiliates, based upon this claim. Additionally, I understand that any payment is the result of a compromise of a disputed claim, and that neither this release nor any payment shall be considered an admission of liability by Leading Light Wind with respect to the disputed claim.

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

Printed Name

Signature

Date

Submit this completed claim form and the required attachments **within 30 days of incident** through one of the following methods:

Email to:

Director of Marine Affairs, EJ Marohn, at emarohn@invenergy.com

Mail to:

Leading Light Wind
Starrett-Lehigh Building
601 W 26th St
Suite 1420

New York, NY 10001