



Coastal Virginia Offshore Wind Compensation Program

Economic Loss Claim Form: Shoreside Business

Read the Economic Loss Claim Form Instructions carefully, fill out this form, and return the completed Economic Loss Claim Form and all accompanying documents to the Program Administrator.

I. CLAIMANT INFORMATION

CVOW Program Claimant Number (if known)				
Business Name				
Authorized Representative Name	Last	First	Middle	Suffix
Business Mailing Address	Address 1			
	Address 2	City	State	Zip Code
Is this claim for compensation from the CVOW Surfclam Fund?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Did you incur third-party costs associated with the preparation of your claim? If Yes, complete (a) and (b) below.	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(a) Name of Third Party Claims Preparer			(b) Amount Incurred	\$_____

II. SHORESIDE BUSINESS ECONOMIC LOSS ELIGIBILITY

A. Economic Loss Type

To receive compensation from the Fund, Shoreside Businesses must have experienced documented economic losses resulting from the Construction, Operations and Maintenance, or Decommissioning of the Project.

Indicate your Economic Loss Type(s) below:

1. Did you experience a reduction in fishing processing volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much of an economic loss do you believe this caused?	\$_____	
2. Did you experience reductions in marina sales?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much of an economic loss do you believe this caused?	\$_____	



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3. Did you experience other losses caused by the Project that are not otherwise described?

Yes

No

If yes, how much of an economic loss do you believe this caused?

\$_____

Describe Your
Other Losses:

B. Economic Loss Year

Your claim must be filed within two years of the claimed loss (i.e., claims for 2023 would be due by December 31, 2025). You may file only one claim for losses experienced within a single calendar year (the "Claimed Loss Year"). If you experience Eligible Economic Losses in more than one calendar year, you may file a new claim for each year in which the Eligible Economic Loss occurred.

Provide the year for which you experienced Economic Loss because of the Project.

[MM/DD/YYYY] to [MM/DD/YYYY]



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Explain why, in your view, any economic loss experienced was caused by the Project (if you need more space, attach additional pages to your Claim Form):



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C. Level of Effort

You must describe the efforts made to support Qualified Fishing Entities for calendar years 2020, 2021, 2022, and 2023, or Qualified Surfclam Fishing Entities before January 28, 2024, AND the Claimed Loss Year. This can include an explanation of the resources used to support the Entities, such as consistent operating hours and efforts made to continue business, and attract business, in the ordinary course.

Describe here your efforts to support, through first-transaction sales to or purchases from Qualified Fishing Entities/Qualified Surfclam Fishing Entities during the Qualifying/Historical Period:



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Describe here your efforts to support, through first-transaction sales to or purchases from Qualified Fishing Entities/Qualified Surfclam Fishing Entities during the Claimed Loss Year. If those efforts changed from the Qualifying Period, explain why:

If you need more space, include any additional pages with the Economic Loss Claim Form. If you do not describe your level of effort during the Qualifying/Historical Period AND the Claimed Loss Year, your claim will be deficient and you will not receive a compensation amount until the deficiency is resolved.

D. Revenues

You must provide proof of revenues for first-transaction sales to, or purchases from, Qualified Fishing Entities for (a) calendar years 2020, 2021, 2022, and 2023 (or for Surfclam Fishing Entities, before January 28, 2024); and (b) the Claimed Loss Year.

What documents can you provide to establish your income or wages from a Qualified Fishing Entity/Qualified Surfclam Fishing Entity during the Qualifying/Historical Period AND the Claimed Loss Year?

Select this box if have no additional proof of historical revenues to submit to the Program Administrator because you already provided this proof with an Economic Loss Claim Form for a previous year.

Year	Proof Description		
2020	<input type="checkbox"/> Profit/Loss Statements	<input type="checkbox"/> Receipt of Sales	<input type="checkbox"/> Logbooks of Dates of Operation
	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Other (Describe available proof):	



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2021	<input type="checkbox"/> Profit/Loss Statements	<input type="checkbox"/> Receipt of Sales	<input type="checkbox"/> Logbooks of Dates of Operation
	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Other (Describe available proof):	
2022	<input type="checkbox"/> Profit/Loss Statements	<input type="checkbox"/> Receipt of Sales	<input type="checkbox"/> Logbooks of Dates of Operation
	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Other (Describe available proof):	
2023	<input type="checkbox"/> Profit/Loss Statements	<input type="checkbox"/> Receipt of Sales	<input type="checkbox"/> Logbooks of Dates of Operation
	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Other (Describe available proof):	
Claimed Economic Loss Year	<input type="checkbox"/> Profit/Loss Statements	<input type="checkbox"/> Receipt of Sales	<input type="checkbox"/> Logbooks of Dates of Operation
	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Other (Describe available proof):	

Attach your proof of revenue to this Claim Form. If you do not provide proof of your revenue during the Qualifying Period AND the Claimed Loss Year, your claim will be found deficient and you will not receive a compensation amount until the deficiency is resolved.

III. CERTIFICATION AND SIGNATURE

I certify that the information provided in this claim form and any accompanying documents is true and correct. I understand that any false or misleading statements may result in denial of my claim and/or legal consequences.

Claimant Signature		Date: ____/____/____
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END OF ECONOMIC LOSS CLAIM FORM