



Coastal Virginia
Offshore Wind



Coastal Virginia Offshore Wind Compensation Program

Economic Loss Claim Form: Qualified Fishing or Qualified Surfclam Fishing Entity

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 (if applicable)				
Authorized Representative Name	Last	First	Middle	Suffix
Qualified Fishing Entity's Mailing Address	Address 1			
	Address 2	City	State	Zip Code
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. COMMERCIAL AND FOR-HIRE FISHING VESSEL ECONOMIC LOSS ELIGIBILITY

A. Economic Loss Type

To receive compensation from the Fund, a Qualified Fishing Entity 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 the number of trips you could make because of Project-related closures, or lost/damaged gear?	<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 harvest or catch-per-unit-of-effort of targeted species, or other adverse impacts to the fishery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much of an economic loss do you believe this caused?	\$_____	
3. Did you experience increased expenses because of construction closures or the presence of Project structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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

\$_____

4. Did you experience a displacement of fishing activities from the Offshore Project Area, or impacted vessel lanes because of Project-related closures or activity?

Yes

No

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

\$_____

5. Did you experience increased competition in Nearby Non-Lease Areas because of displacement of fishing activities from the Offshore Project Area?

Yes

No

Note: this economic loss reason is not available for Surfclam claims.

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

\$_____

6. 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 Eligible 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. Fishing Location

Are you filing a Surfclam Claim?

Yes

No

If No, during the Claimed Loss Year, did you fish in the Offshore Project Area or Nearby Non-Lease Area?

Yes

No

If Yes, during Claimed Loss Year, did you fish within VA coastal waters or federal waters offshore from VA or NC?

Yes

No

What documents can you provide to establish you fished in the Offshore Project or Nearby Non-Lease Area (or for Surfclam claims, within the qualifying VA or NC waters) during the Claimed Loss Year?

VMS/AIS/VTR Data

Chart Plotter Records

Proof of Homeport

Harvester/Personal Logbooks

Other (Describe available proof):

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

D. Level of Effort

You must demonstrate proof of level of effort to fish in the Offshore Project Area or Nearby Non-Lease Area (or for Surfclam claims, within the qualifying VA or NC waters) for the Claimed Loss Year. Proof of such includes, but is not limited to profit/loss statements, harvester/personal logbooks, fishing history, dealer reports, receipt of sales, and tax documents.

What documents can you provide to establish your level of effort to fish in the Offshore Project or Nearby Non-Lease Area (or for Surfclam claims, within the qualifying VA or NC waters) during the Claimed Loss Year? (check all that apply)

Profit/Loss Statements

Harvester/Personal Logbooks

Evidence of Fishing History

Dealer Reports

Receipt of Sales

Tax Documents

Other (Describe available proof):

Attach your documentary proof of level of effort to this Economic Loss Claim Form. If you do not provide proof of your level of effort during the Claimed Loss Year, your claim will be deficient and you will not receive a compensation amount until the deficiency is resolved.



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E. Revenues

You must provide proof of revenues during the Qualifying/Historical Period AND the Claimed Loss Year.

What documents can you provide to establish your revenues during the Qualifying/Historical Period?

Tax Documents

Profit/Loss Statements

Receipt of Sales

Other (Describe available proof):

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

What documents can you provide to establish your revenues during the Claimed Loss Year?

Tax Documents

Profit/Loss Statements

Receipt of Sales

Other (Describe available proof):

Attach your proof of revenue to this Claim Form. If you do not provide proof of revenue 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.

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: ____/____/____

END OF ECONOMIC LOSS CLAIM FORM