

QUESTIONS FOR INTERIM CLAIM FORM
REQUIRED BY GULF COAST CLAIMS FACILITY

BUSINESS SEEKING LOST EARNINGS OR PROFITS

Name: _____ **EIN:** _____

C.8 State the sources of income or type of customers for the business at the time of the spill:

C.9 Describe the nature of business at the time of the spill:

C.10 Describe in detail the efforts you have made to increase revenues or reduce costs since the spill:

C.14 Provide a description of the loss the business sustained as a result of the spill and how the loss occurred: