

QUESTIONS FOR INTERIM CLAIM FORM
REQUIRED BY GULF COAST CLAIMS FACILITY

INDIVIDUAL SEEKING LOST EARNINGS

Name: _____ **SSN:** _____

C.1 State the occupation and job title you had at the time of the spill:

C.2 Describe the nature of business of your employer at the time of the spill:

C.4 Describe in detail the efforts you have made to find employment since the spill:

C.5 State the amount of any job hunting expenses you have incurred since the spill:

\$ _____

C.6 Provide a description of how the spill caused your losses: