

**The Facts of this Individual Claim for Losses are as Follows**

(Please provide complete responses, not short form or abbreviated responses)

(C.1) State the occupation and job title you had at the time of the Spill:

Occupation:

Title:

(C.2) Describe the nature of business of your employer at the time of the Spill:

(C.3 Intentionally Skipped)

(C.4) Describe in detail the efforts you have made to find work or additional work since the Spill:

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

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(C.6) Provide a description of the loss you sustained as a result of the Spill and how the Spill caused the loss:

Lost my Job:

Work Hours Reduced:

Pay/Tips Reduced:

(C.7) Provide the name and address of your Employer at the time of the Spill:

Name:

Street:

City State Zip Code:

Parish/County: