

### **Gear Loss Claim Procedure**

**Filing a Claim** – If you have experienced gear loss or damage that you believe was caused by or was the result of Bluepoint Wind's activities, please follow the instructions below to submit a claim.

- 1) As soon as safe to do so, report incident via cell phone or email:  
Fisheries Manager Sam Asci: 857.260.4116  
or email: samuel.asci@oceanwinds.com
- 2) Within 30 days of the incident submit a complete, legible, executed Claim Form to the above- listed contacts.

**Claim Review** – All Claim Forms will be reviewed by the Bluepoint Wind Fisheries Liaisons and other relevant Bluepoint Wind staff. Within 30 days of receipt of a complete Claim Form, the Applicant will receive a written response which may include a request for additional information. If the claim is confirmed, payment will be arranged with the Applicant. If the claim is denied, a written explanation will be provided to the Applicant.

Gear interaction prevention methods should be followed by all parties. Bluepoint Wind reserves the right to deny a claim should an applicant file multiple claims for gear loss in the same area. Any payment in connection with a filed claim will be considered a full release. Bluepoint Wind reserves the right to request additional information to support the review of any claim.

**Please note that BOEM is currently reviewing guidelines for compensation and mitigation of impacts on fisheries by offshore wind development. Once these guidelines are finalized, Bluepoint Wind intends to update the claims process.**

**[Claim Form Appears on the Next Page]**

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**Gear Loss Claim Form (1 of 2)**

**Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Home Port:** \_\_\_\_\_ **Vessel Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Vessel Documentation # :** \_\_\_\_\_

**State License #:** \_\_\_\_\_ **Federal License #:** \_\_\_\_\_

**Gear Type:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

**Last Time Gear Hauled and Set:** \_\_\_\_\_

**Specific Gear Location (Lat/Lon or TDs):** \_\_\_\_\_

**Gear Description (Markings, Polyballs, Highflyers):** \_\_\_\_\_

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**Description of Incident Causing Damage/Loss:** \_\_\_\_\_

**Was any of the gear retrieved?** \_\_\_\_\_

**How many gillnets, pots, highflyers, trawl, doors, ground cables, scissor legs, etc. lost or damaged?** \_\_\_\_\_

**Vessel(s) Observed in Area (Yes/No). If yes, Vessel Name(s):** \_\_\_\_\_

**Describe normal gear configuration and fishing activity:** \_\_\_\_\_

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Total Claim Amount = \$ \_\_\_\_\_

Additional information required to process Claim Form:

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- Copy of a valid fishing permit.
  - Proof of landing history through a VTR report, sales slip, or similar type of documentation that the vessel was fishing in the area for period of gear loss/damage.
  - Proof of vessel ownership and that the vessel is capable of fishing in area of loss. Photos of the vessel must be included.
  - Sales slip or gear invoice for replacement or repair gear (must be substantially similar to gear that was lost/damaged).
  - Location of gear loss/damage - either GPS coordinates and/or photo of chart plotter.
  - Completed W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

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**Gear Loss Claim Form (2 of 2)**

**I, \_\_\_\_\_; as the Applicant hereunder authorize Bluepoint Wind to make whatever reasonable inquiries and investigations it deems necessary to verify my application and request for reimbursement. Applicant understands that submitting this Application does not guarantee payment. Applicant further agrees that if this claim is accepted and paid in its entirety, that acceptance of such payment constitutes full, final and complete payment for this particular claim and that neither Bluepoint Wind, nor any of its affiliates shall have any further outstanding or ongoing obligation with respect to this particular claim and Applicant shall not, directly or indirectly, assert any claim, or commence, join in, prosecute, participate in, or fund any part of, any suit or other proceeding of any kind against Bluepoint Wind, or any of its affiliates, based upon this particular claim. If a claim is denied in part, Applicant may accept payment for the undisputed part without waiving Applicant's right to appeal the disputed part of the claim. Applicant recognizes that submission of this Application does not affect Applicant's rights concerning matters other than those specifically identified in this particular Application.**

**I attest, under penalty of perjury, that to the best of my knowledge the information in this Application is true and correct.**

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Signature

Date

Please return this form and all the required information, including a completed W-9 form, by one of the below methods:

- 1) Delivering an electronic copy via email to the Bluepoint Wind Fisheries Manager, at [samuel.asci@oceanwinds.com](mailto:samuel.asci@oceanwinds.com); or
- 2) Mail a copy to:  
Bluepoint Wind  
3 Center Plaza, Suite 205  
Boston, Massachusetts 02108  
ATTN: Sam Asci

**Please note that the payment cannot be processed without a signature and W-9 form.**