

State of New York  
Office of the State Comptroller

**APPLICATION FOR DAMAGE CLAIM**

from

**New York Environmental Protection  
and Spill Compensation Fund**

All claims must be typewritten or printed legibly in ink. Each question must be answered or marked as not applicable. Any question may be answered on a separate sheet showing the number of the question to which the separate sheet refers, and attached to this application. All documents submitted with this claim will be retained by the Office of the State Comptroller and will be available for public inspection in accordance with the provisions of Article 6 of the Public Officers Law (Freedom of Information Law).

1. Name of Claimant(s): \_\_\_\_\_

*(hereinafter referred to as "claimant" whether one or more).*

2. Claimant is: ( ) individual(s) ( ) partnership ( ) corporation  
( ) unit of local government ( ) unit of State government

3. Permanent address of claimant:

\_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

4. Mailing address of claimant: *(If different from address in item 3)*

\_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

5. If it is requested that notices regarding this claim be sent to a person other than claimant, please state:

\_\_\_\_\_  
Name of Person  
\_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

Relationship to Claimant: \_\_\_\_\_

- 6. If claimant is a partnership, list the names and addresses of general partners on a separate sheet and attach hereto. If claimant is a corporation, list names and addresses of directors and principal officers and plan of incorporation on a separate sheet and attach hereto.

CLAIMANT HEREBY CLAIMS TO HAVE SUFFERED DAMAGES TO REAL ESTATE OR PERSONAL PROPERTY OR NATURAL RESOURCES OR LOSS OF INCOME OR LOSS OF TAX REVENUE OR HAS INCURRED INTEREST COST ON LOANS AS A RESULT OF A DISCHARGE OF PETROLEUM (AS DEFINED BY ARTICLE 12 OF THE NAVIGATION LAW OF THE STATE OF NEW YORK), AS SET FORTH BELOW:

- 7. Precise Location of Discharge: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Starting Time of Discharge: \_\_\_\_\_

Date the Discharge Terminated: \_\_\_\_\_

Date(s) of Discovery of the Damage Caused by the Discharge: \_\_\_\_\_

- 8. Person or entity believed to be responsible for the discharge (*Indicate if discharger is unknown*).

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State Zip Code

Check one:     Individual                     Partnership                     Corporation  
 Federal Government                     State Government                     Local Government

- 9. Please describe in detail the basis upon which you believe that the person or entity listed above in item No. 8 is responsible for any damage or loss of income you claim to have suffered:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 10. Names and addresses of witnesses or other persons having relevant knowledge of the discharge (*attach additional sheets, if necessary*):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Has the person or entity in item No. 8 admitted responsibility for the discharge in connection with which this claim is filed? ( ) Yes ( ) No  
If so, please indicate when, where, by whom, or if in writing attach a copy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Has the person or entity listed in item No. 8 admitted liability for the amount of damages and/or loss of income for which this claim is filed? ( ) Yes ( ) No  
If so, please indicate when, where, by whom, or if in writing attach a copy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Names of any public agencies (local or state police and other local, state or federal agencies) who are known to have investigated the discharge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is claimant covered by any insurance policies which insure or which claimant believes insure against the damage to real or personal property or loss of income or tax revenue for which this claim is filed? ( ) Yes ( ) No  
If so, please enter:

a. Name and address of insurance company:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

b. Policy Number(s): \_\_\_\_\_

15. Have you made a claim or do you intend to make a claim against anyone other than the Fund for any of the losses or expenses claimed in this application? ( ) Yes ( ) No  
If so, please enter the names and addresses of all persons and insurance companies against whom you have made, or intend to make, such claims.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you received or do you expect to receive any reimbursement from anyone for the damages claimed herein?       Yes       No  
If so, please enter the details.

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17. Has any of the damage as set forth herein been repaired?       Yes       No  
If so, by whom, where and what was the cost of said repairs?

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18. Please furnish any other information which you believe to be pertinent to this claim.

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Claimant hereby consents to the inspection of the real estate and personal property claimed to have been damaged in this claim by agents or representatives of the State of New York, or a Board of Arbitration, or the party responsible for the discharge and hereby grants permission to said agents or representatives to enter the damaged real estate or the location where damaged articles of personal property are located and to review all records upon which a claim for loss of income or loss of tax revenue is based.

Claimant hereby represents and warrants that all information contained in this claim, including attachments, are true and correct to the best of claimant's knowledge and belief and the person signing on behalf of the claimant, if claimant is other than individual, hereby warrants that (s)he is duly authorized to make and to file this claim. If any circumstances, as stated in this claim, change, claimant will notify the Fund Administrator within forty-eight hours.

Claimant, by his/her signature hereon, hereby states that to the best of his/her knowledge the damage claims set forth herein represent all damage to claimant arising out of the incident and claimant understands that pursuant to 2 NYCRR 402.4, damages omitted from this claim, upon a settlement or an award of damages from the Fund based on said claim, are deemed waived.

Signed at \_\_\_\_\_, \_\_\_\_\_  
Municipality State

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**CLAIMANT:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Now personally appeared \_\_\_\_\_  
before me and made oath that all of the foregoing is true to the best of his/her information, knowledge and belief.

\_\_\_\_\_  
Notary Public

The claimant must complete only the attachments required for the type(s) of damages claimed:

- A. Damage to Personal Property ( ) *Check if applicable.* (Personal property means tangible property of all types other than real property and includes any right, title or interest in or to such tangible property.) Complete Attachment A.
- B. Damage to Real Estate ( ) *Check if applicable.* ("Real Estate" means real property or any right, title or interest in or to real property and includes easements of all types.) Complete Attachment B.
- C. Loss of Income ( ) *Check if applicable.* Complete Attachment C.
- D. Damage to Natural Resources ( ) *Check if applicable.* (Natural resources include land, fish, shellfish, wildlife, biota, air, waters and other such resources owned, managed, held in trust or otherwise controlled by New York State. Therefore, **claims for damage to natural resources may only be made by a State Agency.**) Complete Attachment D.
- E. Loss of Tax Revenue ( ) *Check if applicable.* **Applies only to State and Local Government** and excludes real property taxes. Complete Attachment E.
- F. Interest on Loans, or Other Obligations ( ) *Check if applicable.* Complete Attachment F.

# ATTACHMENT A

## PERSONAL PROPERTY

Claimant hereby claims to have suffered damages (including destruction or loss of value) to personal property as follows:

- a. Date(s) of discovery of damage: \_\_\_\_\_
- b. Location of personal property at time of damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Description of personal property which was damaged: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Description of damage (if destroyed, so state): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Original cost of personal property: \_\_\_\_\_
- f. Date acquired by claimant: \_\_\_\_\_  
**(attach copy of sales slip, certificate of title, bill of sale, etc., as applicable, evidencing ownership, if available)**
- g. Value of personal property at time of damage: \_\_\_\_\_
- h. Estimation of total damage to personal property; its value at time of destruction, if destroyed; or its loss of value. At least two estimates are required from established and recognized appraisers, suppliers or repair services on their business letterhead. Attach estimates to this application. Estimates for multiple items must show detail for each.

Estimate 1

\$ \_\_\_\_\_ from:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Estimate 2

\$ \_\_\_\_\_ from:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

i. Location where personal property may be inspected:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

# ATTACHMENT B

## REAL ESTATE

Claimant hereby claims to have suffered damage (including destruction or loss of value) to real estate as follows:

a. Date(s) of discovery of damage : \_\_\_\_\_

b. Precise location of real estate:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

c. Description of the predominant use of the damaged real estate (residential, commercial, etc.). Also, please describe the type of residential, commercial or other use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Description of damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Estimation of total damage (cost of repairs, value of property before destruction or loss of value) to real estate. At least two estimates are required from established and recognized appraisers, suppliers or repair services on their business letterhead. Attach estimates to application. Estimates for multiple items must show detail for each.

Estimate 1

\$ \_\_\_\_\_ from:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

Estimate 2

\$ \_\_\_\_\_ from:

\_\_\_\_\_

Name

\_\_\_\_\_

Number

Street

\_\_\_\_\_

City

State

Zip Code

f. If claimant is the sole legal and beneficial owner of the real estate, so indicate and attach a certified copy of the deed, title opinion, title policy or other document evidencing such ownership. If claimant is not the sole legal and beneficial owner of the real estate, so indicate and describe in detail claimant's interest in the real estate and attach a copy of any lease, trust agreement or other document evidencing such interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ATTACHMENT C

## LOSS OF INCOME

Claimant hereby claims to have suffered a loss of income or impairment of earning capacity as follows:

- ( ) As owner of real or personal property damaged or destroyed by a discharge.
- ( ) As a claimant suffering loss of earnings or impairment or earning capacity due to damage to real or personal property, including natural resources, not owned by claimant. Such loss or impairment must exceed ten percent of amount which claimant derives from activities related to the particular real or personal property or natural resources destroyed or damaged.

a. Total amount claimed: \$ \_\_\_\_\_

b. Period of time for which loss of income is claimed: \_\_\_\_\_

c. If more than 12 months is involved, please specifically indicate, on an attached schedule, how much is claimed for each calendar quarter commencing with the date of the discharge.

d. Please describe, on an attached schedule and in as much detail as possible, the precise manner in which claimant has calculated the total amount of loss of income claimed.

e. Is all income, sales and other accounting or financial information on the basis of which, in part or in whole, the claimant has claimed loss of income, available for inspection and audit?

( ) Yes ( ) No

If yes, explain where information can be obtained. If no, explain why information is unavailable.

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f. Has any income, sales and other accounting or financial information on the basis of which, in part or in whole, the claimant has claimed loss of income been audited. ( ) Yes ( ) No  
If yes, give name and address of auditor, date of audit and attach copies of relevant audited statements.

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# ATTACHMENT D

## NATURAL RESOURCES

Natural resources include land, fish, shellfish, wildlife, biota, air, waters and other such resources owned, managed, held in trust or otherwise controlled by New York State. Therefore, claims for this may only be made by a State agency.

Claimant hereby claims to have suffered damage to natural resources as follows:

- a. Date(s) of discovery \_\_\_\_\_
- b. Precise location of natural resources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Describe the natural resources affected by the petroleum spill. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe the nature of the damage and its effect on the natural resources.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Estimation of total damage to natural resources. Attach a detailed list of all natural resources damaged, their replacement or restoration cost and a plan for the replacement or restoration.

# ATTACHMENT E

## LOSS OF TAX REVENUE

Claimant hereby claims to have suffered a loss of tax revenue as follows:

a. Total amount claimed: \$ \_\_\_\_\_

b. Period of time for which loss of tax revenue is claimed: \_\_\_\_\_

c. Please describe in detail on an attached schedule the precise manner in which claimant has calculated the total amount of loss of tax revenue claimed.

d. Is all financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue, available for inspection and audit? ( ) Yes ( ) No  
If yes, explain where information can be obtained. If no, explain why information is unavailable.

e. Has any financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue been audited? ( ) Yes ( ) No  
If yes, give name and address of auditor, date of audit and attach copies of relevant audited statements.

# ATTACHMENT F

## INTEREST COST

Claimant hereby claims to have incurred interest cost on loans, or other obligations, as a result of damages suffered due to this discharge of petroleum.

- a. Time period of loan(s): \_\_\_\_\_
- b. Bank(s), lending institution(s) or other source(s) of loan(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Reason(s) for loan(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Total amount of loan(s): \_\_\_\_\_
- e. Total cost of interest for loan period (attach evidence of loan which shows principal and interest costs): \$ \_\_\_\_\_