



APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business [REDACTED]	First [REDACTED]	Middle [REDACTED]
Claimant ID	[REDACTED]	Claim ID	[REDACTED]
Claim Type	Business Economic Loss		
Law Firm	[REDACTED]		

II. DECISION

Select the Compensation Amount set forth in either BP's Final Proposal or the Claimant's Final Proposal as the final outcome on the claim and check the appropriate box to signify your decision.

<input type="checkbox"/> BP's Final Proposal	Compensation Amount	\$68,070
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$86,338.80
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0

III. PRIMARY BASIS FOR PANELIST DECISION

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

- Error in documentation review.**
- Error in calculation.**
- Error in RT multiplier.**
- Error in Prior Spill-Related Payment Amount.**
- No error.**

Comment (optional):

The Claimant is a metal fabrication company located in [REDACTED] Mississippi. It is a Zone D, non-tourism enterprise for a hard purposes. The BEL methodology was used because no Policy 495 criteria were triggered and the accountant vendors found the claim to be sufficiently matched. This claim proposal was professionally prepared and based on contemporaneously submitted P/Ls. BP complained of variable profit fluctuations and payroll distortions. However, a review of the accountants notes and calculations do not support these concerns. The award of this Administrator is affirmed.