

APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business ████████████████████	First ██████████	Middle ██████████
Claimant ID	██████████	Claim ID	██████████
Claim Type	Business Economic Loss		
Law Firm	██████████		

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	\$24,290
	Risk Transfer Premium	1.50
	Prior Payment Offset	\$41,624.21
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$30,324.57
	Risk Transfer Premium	1.50
	Prior Payment Offset	\$41,624.21

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 RTP multiplier.**
- Error in Prior Spill-Related Payment Amount.**
- No error.**

Comment (optional):

The Claimant is a Zone A non-tourism hair and nail salon located in ██████████ Florida. The Administrator's accountants applied the BEL framework. No Policy 495 indicia of mismatching were triggered. BP complains of one expense item, the Beauty Supplies Expense, as fluctuating too drastically. BP demands that the P/Ls be restated to reduce the award by \$6,035.00. A review of the accountants' notes satisfies this Panelist that the claim was properly reviewed and awarded. The award is affirmed.