

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	\$50,970
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$86,136.73
	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 RTP multiplier.**
- Error in Prior Spill-Related Payment Amount.**
- No error.**

Comment *(optional)*:

Claimant is a foundation of a hospital system that has as its purpose the primary goal of cultivating philanthropy and collaborative relationships within the community to support hospital services to improve the health of the community. Its income varies month to month based on contributions and revenue from events like golf tournaments etc. The Policy 495 criteria were triggered and the AVM was used to restate the P/Ls. BP appeals



based on the Administrator not allocating a certain 5-year, \$300,000.00 pledge payable at \$60,000.00 a year. BP demands the revenue be spread over the entire year in which it is received. The date the donor actually makes the contribution varies year to year. The Administrator inquired into all the expenses and revenues of the Claimant and followed the requirements of Policy 495. The award is affirmed.