

## APPEAL PANEL DECISION FORM

### I. CLAIMANT AND CLAIM INFORMATION

<b>Claimant Name</b>	Last/Name of Business [REDACTED]	First [REDACTED]	Middle [REDACTED]
<b>Claimant ID</b>	[REDACTED]	<b>Claim ID</b>	[REDACTED]
<b>Claim Type</b>	Business Economic Loss		
<b>Law Firm</b>	[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"/> <b>BP's Final Proposal</b>	<b>Compensation Amount</b>	<b>\$27,998</b>
	<b>Risk Transfer Premium</b>	<b>1.50</b>
	<b>Prior Payment Offset</b>	<b>\$0</b>
<input checked="" type="checkbox"/> <b>Claimant's Final Proposal</b>	<b>Compensation Amount</b>	<b>\$45,424.45</b>
	<b>Risk Transfer Premium</b>	<b>2.50</b>
	<b>Prior Payment Offset</b>	<b>\$0</b>

### 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)*:

See Separate Decision



well as owners, are primarily from outside the local community. Accordingly, the Claims Administrator was entirely correct to provide this claimant with a tourism designation.

For the foregoing reasons, BP's appeal is dismissed and the award from the Settlement Program is affirmed.