

Name:		SSN or TIN:		Claimant #:	
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2010-A	LOUISIANA REAL ESTATE LICENSEE EMERGENCY CLAIM FORM
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The Gulf Coast Claims Facility (GCCF) has set aside an emergency fund for eligible real estate licensees, who suffered specified loss of income as a result of the Deepwater Horizon Spill. This is not intended as a full remedy and only certain claims are eligible. This Claim Form is to be submitted by individuals or brokerage firms who wish to receive payment for loss of income suffered as a result of the Deepwater Horizon Spill on April 20, 2010 and resulting oil discharges (“Spill”). To learn more about filing a claim, go to www.larealtors.org/oilspill, call 1-800-266-8538 or visit a listed Real Estate Professional Claims Facility Site Office (“Site Office”). **NOTE: The funding for this Emergency Claims Fund is to be provided by an independent third party, and is subject to change at any time; no funds or payments from the Emergency Claim Fund are guaranteed, and any Claim you file may or may not be paid. There is no guarantee of payment, as this fund is voluntary on the part of the third parties who have offered to provide these funds, and neither the Louisiana REALTORS® nor NCA make any promise or warranty that any funds shall be available or claims paid. FUNDS HAVE BEEN ALLOCATED BY GCCF AND WILL EXPIRE UPON USAGE OF FUNDS. FUND AVAILABILITY IS SUBJECT TO CHANGE AT ANY TIME WITHOUT NOTICE.**

CLAIMANT NUMBER: (Not to be filled in by Claimant)

I. INSTRUCTIONS

- You may fill out and submit a Claim Form and supporting documents to National Catastrophe Adjuster (“NCA”) online at <http://www.larealtors.org/oilspill>. If you do not submit your claim online, follow Instructions 2-4 below and the other instructions contained in this Claim Form to submit your claim and supporting documents by mail, email, overnight delivery, fax or in person. (See page 6 for contact information.)
- Type your answers or print them in black ink, attaching additional information if needed. If you are an individual claimant, enter your Social Security Number in the box at the top of each page. If you are a brokerage firm claimant, enter your Tax Identification Number.
- NCA will assign you a Claimant Number. That Claimant Number will allow you to track the status of your claim online and will be your claim identification number throughout the claims process. After submitting your application, you will get information on how to monitor the status of your claim online or by phone. To contact NCA about the status of your claim, please dial 1-800-968-4456.
- Claimants must have been actively-licensed in Louisiana at the time damages were incurred to be eligible under this fund. The only claims allowed under this emergency fund are for those based on loss of income as a result of the Spill. **Claims based on a loss of commission for a specific transaction may only be filed by a broker or brokerage firm.** Commissions lost on **both Residential & Commercial sales are eligible.** Both Brokers and sales associates may file individually for a loss of income. Claims that **ARE NOT ELIGIBLE** for this fund include commercial real estate income, rental income, rental commissions and claims resulting from property damage or other personal claims. These claims should be filed with the Gulf Coast Claims Facility directly. Loss of commissions caused by the moratorium on drilling will not be considered. As this is an emergency fund, it is not designed to fully reimburse losses. **Initial claims are restricted to loss of income from April 20, 2010, through July 31, 2010. Subsequent claims may be filed for loss of income from August 1, 2010, through October 31, 2010, and November 1, 2010, through January 31, 2011, depending on fund availability. A separate claim will be required for each corresponding time period.**

II. CLAIMANT INFORMATION

A. INDIVIDUAL CLAIMANT INFORMATION

All Individual Claimants must complete each question in this section. If you are applying as a brokerage firm and not as an individual, please skip to section B below.

1. Last Name:	
2. First Name:	
3. Middle Name:	
4. Current Address:	Street

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	City	State	Zip
	Parish	Country	
5. Home Phone Number:	() -		
6. Cell Phone Number:	() -		
7. Email Address:			
8. Date of Birth:	/ / (Month/Day/Year)		

9. Social Security Number <input type="checkbox"/> or Individual Taxpayer Identification Number <input type="checkbox"/> (Check which is applicable.)	- -
10. Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If Not, Proof of Legal Residency Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Louisiana Real Estate License Number:	

B. BROKERAGE FIRM CLAIMANT INFORMATION

This section is to be completed ONLY if you are applying as a brokerage firm and not as an individual claimant. All brokerage firm Claimants must complete each question in this section.

B.1. Information about the Brokerage firm

13. Name of Brokerage Firm & Trade Name (if any):			
14. Brokerage firm Address:	Street		
	City	State	Zip
	Parish	Country	
15. Phone Number:	() -		
16. Fax Number:	() -		
17. Website Address:			

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18. Employer Identification Number (EIN):	_____ - _____
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19. Registered Louisiana Real Estate License Number for entity:	
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B.2. Information about the Brokerage firm Authorized Contact Person

20. Last Name:	
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21. First Name:	
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22. Middle Name:	
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23. Title:	
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24. Current Address (if different from Brokerage firm Address):	Street			
	City	State	Zip	Country

25. Phone Number:	(____) _____ - _____
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26. Cell Phone Number:	(____) _____ - _____
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27. Fax Number:	(____) _____ - _____
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28. Email Address:	
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III. CLAIM INFORMATION

CATEGORY OF LOSS OF INCOME CLAIM

Check applicable boxes for your claim. You may check more than one box. **(By filling out this form for emergency funds you are not relinquishing any legal rights in the future.)** Enter the amount you are claiming now for each claim type. If you have previously received a payment, do not include that amount in the amount you are requesting. **All Claimants must complete this section.**

	Claim	Amount Claimed
A.	Cancellation of Sales Contract(s) (broker & brokerage firms only) <input type="checkbox"/>	1. _____ \$ Total loss being claimed (Amount of total loss should amounts in 2 and 3 immediately below.) 2. _____ \$ Total of loss Broker retains 3. _____ \$ Total of loss Broker to pay to sales associate
B.	Lost Income due to Depressed Property Sales <input type="checkbox"/>	\$
C.	Indicate any funds Claimant applied for from BP previously <input type="checkbox"/>	\$
D.	Indicate funds Claimant already received from BP. Funds paid under Claim # _____ <input type="checkbox"/>	\$
E.	Indicate if you have previously filed a claim with NCA. Claim # _____ <input type="checkbox"/>	\$

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For each claim type checked above, you must provide documentation or evidence of the damage or injury. Exhibit A to this Claim Form lists the supporting documentation you must submit to support each claim type.

IV. LOST TRANSACTION CLAIMS (MAY ONLY BE FILED BY BROKER)

Complete this section if you are filing for a lost transaction. **You must provide documentation to support your claim, as directed on Exhibit A.**

1. Questions Claimants

29. Who is filing this claim?	Listing Broker Cooperating Broker (Circle)
a. Please provide: the date of cancellation, reason for cancellation & the property address of the failed transaction	
b. Please provide the broker names and license numbers of all brokers and sales associates who were involved in the transaction (listing and cooperating brokers).	
c. Please provide the broker split between the Claimant and Claimant's sales associate. (Please note the broker must file multiple claims for multiple lost transactions.)	

V. LOST INCOME CLAIMS

Complete this section if you seek lost earnings or profits due to the Explosion. **You must provide documentation to support your claim, as directed on Exhibit A.**

1. Questions for All Claimants

All Claimants claiming lost earnings, cancellation of sales contracts, or profits must answer Questions 31-36

29. For any claim for a cancelled sales contract please provide the property address and itemized commission lost for each transaction. This section is only required for transaction based losses. This information must include all payments received from forfeited deposits or any other payments received. If none then state.	
30. Date you began losing income: For all claimants please provide your market condition before your loss was experienced.	

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31. Income in 2010 earned prior to April 20, 2010:	\$ _____
32. Lost Income from April 20, 2010 – July 31, 2010	\$ _____
33. Lost income from August 1, 2010-October 31, 2010.	\$ _____
34. Lost income from November 1, 2010-January 31, 2011.	\$ _____
35. What percentage of your income is derived from the sale of real estate located in the listed parish for years 2007-2010?	_____ %

36. Describe in detail how and why your market has been affected by the Spill. Please also provide a description of how your market has been affected within the parishes described below. Attach additional pages if necessary:

VI. PAYMENT INFORMATION

A. CHECK INFORMATION

Provide the street address to which you would like the check(s) to be sent in the space below.

37. Payment Address:	Street			
	City	State	Zip	Country

VII. SIGNATURE

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I certify that the information provided in this Claim Form is true and accurate to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by NCA and those assisting NCA of any information about me that it believes necessary and/or helpful to process my claim for compensation and any award resulting from that claim, including any appeal of that award, and/or as otherwise required by law, regulation or judicial process.

By signing below, claimant shall and does hereby agree to hold Louisiana Realtors and NCA and their respective officers, employees, agents, or other representatives wholly harmless for any and all causes of action, claims, damage, loss, costs and expenses whatsoever (including attorneys' fees) arising out of this claim and from any cause or causes. Such causes include, but are not limited to, Louisiana Realtors or NCA's negligence, errors, omissions, strict liability, breach of contract, or breach of warranty. Neither Louisiana Realtors nor NCA assume any liability for damages to others which may arise on account of this claims process.

Signature:		Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last
Title, if a Brokerage firm:			

Has anyone assisted you in the preparation of this Claim Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of individual and company, if applicable:	

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HOW TO SUBMIT THIS CLAIM FORM

Submit this Claim Form and the supporting documents required in Exhibit A to NCA by one of the following methods:

Regular Mail:
 NCA Group
 Realtors Administrator
 9725 Windermere Blvd.
 Fishers, IN 46037

Overnight, Certified or Registered Mail:
 NCA Group
 Realtors Administrator
 9725 Windermere Blvd.
 Fishers, IN 46037

Fax:
 (317) 915-8895

Online:
<http://www.larealtors.org/oilspill>

When attaching your supporting documents, be sure to provide the appropriate identification number (your Social Security Number, or other Tax Identification Number). On Exhibit A to this Claim Form, check off each type of document you are submitting in support of your claim. Attach all supporting documents to the Claim Form and submit your Claim to NCA Group.

Description of Eligible Parishes for Emergency Payment

All emergency claims will be considered not just based on damages but also location of Claimant's business practice. Each claimant is required to stipulate and provide supporting documentation for their area of real estate brokerage practice. The following parishes are identified as falling within the emergency areas affected by the Spill:

Assumption, Calcasieu, Cameron, Iberia, Jefferson, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne and Vermillion.

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2010-B EXHIBIT A	SUPPORTING DOCUMENTATION FOR INDIVIDUAL AND BROKERAGE FIRM CLAIMS
<p>You must provide documentation for each claim. If you do not have each of the documents required for payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. Provide as many types of such documentation as you have available. NCA Group will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.</p> <p>Use the check boxes beside each type of documentation to indicate whether providing that document. Per LA R.S. 37:1446, only a broker of record may receive compensation that is related to a real estate transaction.</p>	

2010-B EXHIBIT A	I. SUPPORTING DOCUMENTATION FOR INDIVIDUAL CLAIMS	
<p>This section of Exhibit A applies to Individual Claimants only. Brokerage firm Claimants should proceed to the next section of Exhibit A. You must provide documentation for each claim. If you do not have each of the documents required for payment but have another type of proof that you believe supports your claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. Provide as many types of such documentation as you have available. NCA Group will evaluate your claim based on the information and documentation you submit and will contact you if additional documentation is necessary.</p> <p>Use the check boxes beside each type of documentation to indicate whether you are providing that document.</p>		
LOSS OF INCOME CLAIMS – INDIVIDUALS		
	Document	Documents for Claimants Seeking Emergency Advance Payments
1.	Self-prepared documents itemizing sale transactions from 2007-2010 describing market location and activity as a licensed real estate licensee (number of sales, closing dates, price ranges, addresses).	<input type="checkbox"/>
2.	Description of parishes in which claimant primarily conducts real estate brokerage activities, and explanation providing details on efforts to mitigate losses or why no efforts were taken.	<input type="checkbox"/>
3.	Copies of cancelled contracts for sale or evidence of cancelled contracts for listing for sale.	<input type="checkbox"/>
4.	Signed copies of income tax returns and schedules for 2007-2009. Monthly income reports for January 2010 through April 2010. (Individual claimants are only required to submit tax returns.)	<input type="checkbox"/>
5.	Documentation of unemployment compensation or other government benefits received.	<input type="checkbox"/>
6.	Documentation of payments received from private insurance.	<input type="checkbox"/>
7.	Provide a detailed explanation of your economic need for this emergency payment.	<input type="checkbox"/>
8.	Other proof, if applicable.	<input type="checkbox"/>

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2010-B EXHIBIT A	II. SUPPORTING DOCUMENTATION FOR BROKERAGE FIRM CLAIMS
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This section of Exhibit A applies to Brokerage firm Claimants only. The Brokerage firm Claimant must provide documentation for each type of injury or damage claimed in Section IV.C of the Claim Form. If the Brokerage firm Claimant does not have each of the documents required for a payment but has another type of proof that the Brokerage firm Claimant believes supports its claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. Provide as many types of such documentation as the Brokerage firm Claimant has available. NCA Group will evaluate the claim based on the information and documentation submitted and will contact the Authorized Brokerage firm Representative if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether the Brokerage firm is providing that document.

LOSS OF INCOME CLAIMS - BROKERAGE FIRMS			
Document		Documents for Brokerage firm Claimants Seeking Emergency Advance Payments	
1.	Documents providing description of Brokerage losses due to the Spill.	<input type="checkbox"/>	
2.	Documents itemizing sale transactions from 2007-2010 describing market location and activity as a licensed real estate professional.	<input type="checkbox"/>	
3.	Copies of monthly financial statements for 2007-2010. (If new or start-up Brokerage firm, provide all available financial statements and a Brokerage firm plan.)	<input type="checkbox"/>	
4.	Copies of letters to Brokerage firm detailing cancellations caused by the Spill. (Cancelled listing agreements, etc.)	<input type="checkbox"/>	
5.	Signed copies of income tax returns and schedules for 2007-2009.	<input type="checkbox"/>	
6.	Documents providing details on efforts to mitigate losses or why no efforts were taken.	<input type="checkbox"/>	
7.	Documentation of payments received from private insurance.	<input type="checkbox"/>	
8.	Documentation demonstrating canceled contracts.	<input type="checkbox"/>	
9.	Record of monthly sales for January 2007 – December 2009	<input type="checkbox"/>	
10.	Monthly sales records from January 2010 through July 2010	<input type="checkbox"/>	
11.	Provide a detailed explanation of your economic need for this emergency payment.	<input type="checkbox"/>	
12.	Other proof, if applicable.	<input type="checkbox"/>	

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2010-B EXHIBIT A	III. SUPPORTING DOCUMENTATION FOR LOSS OF TRANSACTIONS CLAIMS
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This section of Exhibit A applies to loss of transactions only and may only be filed by a broker/brokerage firm. The Claimant must provide documentation for each type of injury or damage claimed in Section IV of the Claim Form. If the Brokerage firm Claimant does not have each of the documents required for a payment but has another type of proof that the Brokerage firm Claimant believes supports its claim, check the last item on the list, "Other proof, if applicable," and provide that documentation. Provide as many types of such documentation as the Brokerage firm Claimant has available. NCA will evaluate the claim based on the information and documentation submitted and will contact the Authorized Brokerage firm Representative if additional documentation is necessary.

Use the check boxes beside each type of documentation to indicate whether the Brokerage firm is providing that document.

LOSS OF TRANSACTION CLAIMS		
Document		
1.	Listing Agreement	<input type="checkbox"/>
2.	MLS information reflecting offer of compensation or any other commission agreements or other commission communications.	<input type="checkbox"/>
3.	Independent Contractor Agreement or other documentation reflecting split between broker and sales associate.	<input type="checkbox"/>
4.	Cancellation information, letters, and all relevant communication regarding lost transaction due to oil spill as cause of collapse of transaction.	<input type="checkbox"/>
6.	Documents providing details on efforts to mitigate losses or why no efforts were taken.	<input type="checkbox"/>
7.	Documentation of payments received from private insurance.	<input type="checkbox"/>
8.	A detailed explanation of your economic need for this emergency payment.	<input type="checkbox"/>
9.	Other proof, if applicable.	<input type="checkbox"/>