

Appendix A
Loss Claim Form

Fish Harvester Loss Claim Form

Submit to: Cenovus Energy Inc. 351 Water Street St. John's, NL A1C 1C2 Email: Fisheries.Claims@cenovus.com Fax: (709) 724-3915	Do not write in this space
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1.	Fish harvesting firm/enterprise making this claim:		
	Telephone / Email:	Tel:	Email:
	Address:		
2.	Name of representative of fish harvesting firm/enterprise		
	Position:		
	Telephone / Email:	Tel:	Email:
	Address:		
3.	Brief description of loss:		
4.	Period of loss:		
5.	Name of fishing vessel involved:		
6.	CFV No.:		

Are you making a claim that includes losses for other Firms / Enterprises: ☐ Yes

☐ No

Are you claiming a loss that is included in a claim made by another Firm / Enterprise? ☐ Yes

☐ No

If yes, by whom?

Fish Harvester Loss Claim Form Valuation of Claim

Please itemize losses that are being claimed by the fish harvesting firm/enterprise. (You will also be asked to support the value of this claim by providing purchase receipts/catch records, logbooks, wage reports, etc.) Use additional sheets if necessary.

Fish harvesting firm/enterprise:

Lost revenue (harvesting efficiency, fishing opportunities or fishing income)	Amount Claimed (CDN\$)
Total Claimed (CDN\$)	

I hereby certify that the above information is, to the best of my knowledge, full and accurate in every detail, to make claim to Cenovus Energy Inc. for compensation for the losses described.

Signed on behalf of the Firm / Enterprise identified above by:

Signature

At

Date _____