

**Guide for Completing Notice of Claim to Compensation Board  
(for Fish Harvesters and Processors)**

**PLEASE READ CAREFULLY BEFORE  
SUBMITTING THE NOTICE OF CLAIM TO THE  
COMPENSATION BOARD**

Please read the full text of the **Fisheries Compensation Program for Gear Vessel Damage and Oil Spills** carefully.

If you need assistance on any part of the document, with making a claim to the Operator, or completing the Notice of Claim, please contact the Hibernia designated contact.

A claim to the Compensation Board can only be made if you have first made a claim directly to the Operator and have not been able to reach an agreement.

**It is the claimants responsibility to submit a properly  
completed, signed and witnessed Notice of Claim within 45 days  
of receiving the Operator's written rejection of the claim or the  
claim amount.**

A claim may be submitted to the Notice of Claim by hand, or by certified / registered mail to the Secretary of the Compensation Board.

The Notice of Claim may also be submitted by fax or email as long as the signed original is delivered within three working days afterwards.

The Notice of Claim must be accompanied with the following items. Please ensure copies are retained for your own use.

1. A copy of the original Damage Report (if available)
2. A copy of the original Loss Claim Form, and
3. A copy of the Operator's written claim rejection

Please note that awards for amounts in excess of \$1,000,000 for gear and Vessel Damage and \$5,000,000 for oil spills cannot be settled by the Compensation Board without the consent of the Operator.

Also note the decision of the Compensation Board is binding, that is the claimant and Operators agree that Board decision is final and no other process is to be utilized for further resolution or appeal.

**Notice of Claim to the Compensation Board Form**

This is a request by the undersigned that the Compensation Board (the Board) proceed with a binding claim resolution process as specified in the Fisheries Compensation Program (the Program) in the matter of a rejected claim for an incident which occurred on:

(Date) \_\_\_\_\_ involving \_\_\_\_\_  
on behalf of by (Name: ) \_\_\_\_\_ (Title/Position: ) \_\_\_\_\_  
of (Ship/Firm): \_\_\_\_\_ based in \_\_\_\_\_ against the  
Operator.

The incident is described in the accompanying Damage Report Form (if available) signed by  
\_\_\_\_\_ and dated \_\_\_\_\_ and the losses claimed are described  
in the accompanying Loss Claim Form signed by: \_\_\_\_\_ and  
dated \_\_\_\_\_.

**CLAIMANT TAKE NOTE: You have other options for making a claim against the Operator, such as proceedings in the Courts, or to the Canada-Newfoundland Labrador Offshore Petroleum Board (CNLOPB) as provided for pursuant to the *Canada-Newfoundland Atlantic Accord Implementation Act* and its *Guidelines*. By signing this Notice of Claim, you agree to give up your right to make a claim through any other process and agree to be bound by the Compensation Board's decision concerning the validity and the amount of the claim, and by the other provisions and conditions specified in the Program documents.**

1. I understand and agree that this is a submission to a binding claim resolution process, as specified in the Program, of all matters arising between the parties with respect to the Claim under the provisions of the *Arbitration Act* unless otherwise specified in the Program, and that this submission is irrevocable by me. I hereby specifically waive any right to any other remedy including my right to make a claim through the Courts or to the CNOPB, except as allowed under the Program. The same rules bind the Operator.

2. I agree that the Compensation Board has all the powers conferred on an arbitrator under the *Arbitration Act*, and understand that this Act also shall be followed with respect to procedure. The Chairperson shall be responsible for and shall have full authority to determine all procedural matters, complying where necessary with the *Arbitration Act*.

**Signed by (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_ **Title:** \_\_\_\_\_