



BP Claims Program Attorney Consent Form

My client, _____, has submitted a claim or funding request to BP Exploration & Production Inc. in connection with the Deepwater Horizon Incident.

The scope of my representation of _____ includes (please select one or more of the options below):

- Response and Removal Claims
- Increased Public Service Cost
- Loss of Revenue
- Other _____

My contact information is:

Name: _____

Firm Name: _____

Email address: _____

Telephone Number: _____

With regards to BP's ability to communicate with my client: (please select one of the options below).

- I will be representing my client in connection with the claim or funding request and ask that BP direct all communications through me, using the contact information above.
- I will be representing my client in connection with the claim or funding request, but authorize BP to communicate directly with my client for routine document requests or other supporting materials. BP must communicate directly with me, however, for any discussions related to settlement or other resolution of the claim or funding request.

With regard to BP's ability to pay any amounts to my client: (please select one of the options below)

- BP may use the account information previously provided by my client
- I will provide new bank account information. (To be used if, for example, payments should be made to a trust or escrow account.)

Name of Attorney (please print)

Signature of Attorney

Date