



FPL

Energy Services™

SURGE CLAIM FORM

Please complete this form and provide all requested documentation in order to ensure timely processing and investigation of your claim. This form must be signed and returned to FPL Energy Services, Inc. (FPLES) within thirty (30) days from the date you discovered the loss/damage/failure to your covered property in order for the claim to be considered. Failure to comply with the above requirements may result in the delay or denial of your claim. Any claims for the surge programs listed below are subject to each program's terms and conditions. FPLES may, at its sole discretion, require additional information relating to your claim. Check the box for the program(s) related to your claim:

SurgeShield®
Complete Sections A, B and D

Electronics Surge ProtectionSM
Complete Sections A, C and D

SECTION A: Customer Information

Homeowner's Name: _____ FPL Account #: _____ - _____

Service Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone #: _____ Discovery Date of Incident/Loss: _____

Describe the incident and weather conditions during the incident which caused the damage: _____

The mailing address to send my check is the same as my service address.

Mailing Address: _____ City: _____ State: _____ Zip: _____

SECTION B: SurgeShield® – Claim for Motor-Driven Appliance(s) Only

Attach all repair bills/estimates and other proof of loss. All invoices and receipts must be on an itemized form with the company's letterhead, name, address, telephone number and a breakdown of services and must include a statement that the damages to the covered property were caused by a power surge. If the item is "not repairable" the reason must be clearly stated by the licensed service technician. Any claims made are subject to the express terms of the manufacturer's warranty. Use separate paper to report any additional items. To process your claim, you must check the indicator light(s) on your SurgeShield® device.

***Are the indicator light(s) on your SurgeShield® device ON or OFF?** The light(s) are: On Off

*Appliance:	Original Purchase Date:	Original Purchase Price: \$
*Brand:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$

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*Brand:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$

*Required Fields

SECTION C: Electronics Surge ProtectionSM – Claim for Electronic Item(s) Only

Attach all repair invoices/estimates and other proof of loss. All invoices/estimates must be on an itemized form with the company's letterhead, name, address, telephone number with a breakdown of services that include a statement that the damages to the covered property were caused by a power surge. If any covered property is "not repairable" the invoice must clearly state that conclusion and you must also submit documentation estimating the replacement value of that covered property. Use separate paper to report any additional items.

*Electronic Item:		*Original Purchase Price: \$
*Brand:	*Model Number:	*Serial Number:
*Indicate if item was repaired or replaced: Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement?
*Repair/Replacement Costs: \$		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Electronic Item:		*Original Purchase Price: \$
*Brand:	*Model Number:	*Serial Number:
*Indicate if item was repaired or replaced: Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement?
*Repair/Replacement Costs: \$		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Electronic Item:		*Original Purchase Price: \$
*Brand:	*Model Number:	*Serial Number:
*Indicate if item was repaired or replaced: Repaired <input type="checkbox"/> Replaced <input type="checkbox"/>		*Is item covered by another warranty or extended service agreement?
*Repair/Replacement Costs: \$		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Required Fields

SECTION D

Total amount for which claim is being made \$ _____

Will you/have you filed a claim, for any of the listed items, with your insurance company and/or any warranty company? Yes No

Insurance/Warranty Co.: _____ Amount paid (if any) to you: \$ _____

Customer Signature (Required) _____ **Date:** _____

Customer Name (Print) _____

Customer Email Address (Print) _____

By providing your email address, you agree to receive emails about this claim and promotional materials about other products offered by FPLES and its affiliates. You may opt out of promotional emails at any time.

Send completed claim form to one of the following:

Email: Surge.Claims@fpl.com *(Email is suggested for fastest response time)*

Mail: FPL Energy Services, Inc.,
ES/GO P.O. Box 029100,
Miami, FL 33102

Fax: 305-552-4121

For questions please call 1-866-289-8136