



ELECTRONICS SURGE PROTECTIONSM 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 Home 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 under the Electronics Surge Protection program are subject to the Electronics Surge Protection Service Warranty Terms and Conditions available at www.FPLHome.com. FPL Home may, at its sole discretion, require additional information or documentation relating to your claim.

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: Claim Information

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. If any covered property is "not repairable" 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? Yes <input type="checkbox"/> No <input type="checkbox"/>
If replaced, please provide the below information:		
Brand:	Model:	



*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"/> If replaced, please provide the below information:		*Is item covered by another warranty or extended service agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brand:	Model:	

*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"/> If replaced, please provide the below information:		*Is item covered by another warranty or extended service agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brand:	Model:	

*Required Fields

Please have the repair technician complete and sign the SERVICE PROVIDER CERTIFICATION OF CAUSE OF DAMAGE attached hereto.

SECTION C

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 my email address, you agree to receive email correspondence relating to this claim as well as email promotional materials about other product offerings of FPL Home and its affiliates. You may opt out of future 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 Home
 ES/GO P.O. Box 029100,
 Miami, FL 33102

Fax: 305-442-5018

For questions please call **833-437-5466**



SERVICE PROVIDER CERTIFICATION OF CAUSE OF DAMAGE

Date: _____

I, _____, (service provider name) am a licensed technician bearing contractor license number _____ (if applicable). My current employer is _____ (employer name) bearing contractor license number _____ (if applicable). I inspected the electronic appliances consisting of (attach additional pages if necessary):

Table with 5 columns: Electronic Appliance Type, Brand, Model No, Serial No, Damaged by a Power Surge? (Yes/No checkboxes)

located at _____ (address of property inspected) on the _____ (day) of _____ (month) in _____ (year).

1. Please attach a picture(s) of the applicable damage and identify what in the picture(s) you relied upon to reach your conclusion above that the item(s) was damaged by a power surge.

2. Is there any part of the damage to the item(s) that can only be repaired with replacement? [] Yes [] No

If Yes, please explain in detail what efforts you undertook to make the conclusion that the damage is not repairable, including, if applicable, the scope of any search for replacement parts:

I HEREBY REPRESENT THAT AFTER INSPECTING THE ELECTRONIC APPLIANCES AS INDICATED ABOVE, I CONCLUDE TO THE BEST OF MY KNOWLEDGE THAT THE DAMAGES TO SUCH ELECTRONIC APPLIANCES WERE CAUSED BY A POWER SURGE. I UNDERSTAND THAT IF FPL HOME HAS FACTS THAT CONTRADICT THE CONCLUSIONS STATED ABOVE (SUCH AS WEATHER DATA), THAT I MAY BE CALLED UPON TO FURTHER SUBSTANTIATE MY CONCLUSIONS. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ, UNDERSTAND, AND COMPLETED THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

_____ (signature)