



ELECTRONICS SURGE PROTECTIONSM CLAIM FORM

Electronic Surge Protection (ESP) covers your sensitive in-home electronics from surge related damages.

Please include the completed and signed *Service Provider Certification Cause of Damage* form attached (by a licensed technician) along with 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.

Note: FPL Home recommends you file your claim electronically for faster processing. Please visit www.FPLHome.com and go to the Support & Claims Center tab to file your claim electronically.

SECTION A: Customer Information

Name: _____ FPL Account #: _____ - _____

Service Address: _____ City: _____

Zip: _____ Phone: _____

Discovery Date of Incident/Loss: _____

Describe the incident and weather conditions at the time the damage occurred: :

My mailing address is the same as my service address.

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



SECTION B: Claim Information

Please 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, license and 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. In addition, please have your licensed technician complete the Service Provider Certification of Cause of Damage form attached.

***Required Fields**

*Electronic Item:	*Brand	*Model Number:	*Serial Number:



SECTION C: Claim Summary and Signature Section

Total amount for which claim is being made \$ _____

Will you *or* 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 Email Address (Print) _____

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

By providing my email address, I 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. I understand that I may opt-out of future promotional emails at any time.

Send completed claim form to one of the following:

Email: FPL-Home-Customer-Support@FPL.com (Email is suggested for the fastest response time)

Mail:

FPL Home
ES/GO P.O. Box 029100,
Miami, FL 33102

Fax:

305-442-5018

For any additional questions about the submission of this claim, please call **833-437-5466**