



SURGESHIELD® MANUFACTURER’S WARRANTY CLAIM FORM

SurgeShield is a program that attaches a state-of-the-art surge protector directly at your electric meter to help protect your appliances from power surges that pass through your electric meter. SurgeShield also comes with a \$5,000 limited manufacturer’s warranty per covered appliance, per occurrence for damages caused by a failure of the surge protector to properly perform. **By filing this form, you are pursuing a claim against the manufacturer’s warranty that the SurgeShield surge protector device has failed to properly perform and that failure has resulted in damage to your covered appliance(s).**

SECTION A: Customer Information

Customer Name: _____ FPL or Subscription 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:

Before proceeding, please check the indicator light(s) on your SurgeShield device installed at the electrical meter to determine whether the indicator lights are On or Off (On indicates that the device is functioning properly. Please see the Device Guide for more information about location of lights, available at <https://www.fplhome.com/SurgeDevice>.)

1. Are the indicator light(s) and/or the audible alarm on your SurgeShield® device ON or OFF?

The light(s)/audible alarm are:

ON Off Uncertain

Please be aware that your appliances may fail for a variety of reasons other than a failure of the surge protection device to properly perform, including normal wear and tear and power surges that can enter your home through other channels, such as cable and phone lines.

2. If the indicator light(s) on your SurgeShield device are ON (indicating that the device is functioning properly), in the lines below please indicate why you believe that the applicable item(s) was damaged due to a failure of the device to properly perform:



- 3. Please understand that FPL Home may need to remove the SurgeShield device from your home for testing to verify whether the device has in fact failed to properly perform.** If after completing the above steps you continue to believe that the SurgeShield surge protector device has failed to properly perform and that failure has resulted in damage to your covered appliance(s), please complete the remainder of this form and provide all requested documentation, including completed and signed Service Provider Certification Cause of Damage form attached (by a licensed repair technician) in order to ensure timely processing and investigation of your claim. See the **Manufacturer’s Warranty** attached to the **Residential SurgeShield Program Terms and Conditions** available at www.FPLHome.com for a list of covered items. 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. FPL Home may, at its sole discretion, require additional information or documentation relating to your claim.

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 breakdown of services. If the item is “not reparable” the reason must be clearly stated by the licensed service technician. Use separate paper to report any additional items. In addition, Service Provider Certification of Cause of Damage form attached needs to be completed & signed by a licensed repair technician and returned to us with the completed claim form. FPL Home may, at its sole discretion, require additional information or documentation relating to your claim

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

***Required Fields**

***Please have the repair technician complete and sign the Service Provider Certification of Cause of Damage attached and returned to us with completed claim form.**



SECTION C: Claim Summary and Signature Section

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 Email Address (Print): _____

Customer Signature (Required) _____ Date: _____

By providing my email address, you agree to receive email correspondence about this claim and promotional materials about other products offered by 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: FPL-Home-Customer-Support@FPL.com (Email is suggested for fastest response time)

Mail:

FPL Home
ES/LFO 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

(To be completed by a licensed repair technician)

Date: _____

I, _____, (service provider name) am a licensed technician bearing contractor license number _____. My current employer is _____ (employer name) bearing contractor license number _____

I inspected the residential appliances/systems consisting of (attach additional pages if necessary):

*Appliance Type:	*Damaged by a Power Surge?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Required Fields**

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

1. Please explain in detail why you believe that the applicable item(s) was damaged by a power surge and if available include picture(s):

2. Is the appliance repairable?

Yes No Other

If NO, please explain in detail what efforts you undertook to make the conclusion that the damage is not repairable, including the scope of any search for replacement parts:

I hereby represent that after inspecting the appliances/systems as indicated above, I conclude to the best of my knowledge that the damages to such appliances/systems were caused by a power surge. I understand that if FPL Home has facts that contradict the conclusions stated above (such as weather data or surge protection device inspection/test data), that FPL Home may contact me for further clarification in reference to this claim. 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 to the best of my knowledge and belief.

_____ (Technician Signature)

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