



### 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 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).**

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/content/dam/fpl-home/resources/SurgeShieldDeviceFPLHome2019PRINT.pdf>).

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

ON       Off

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 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](http://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 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 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. If the item is "not repairable" the reason must be clearly stated by the licensed service technician. Please use additional pages of the below to report any additional items. FPL Home may, at its sole discretion, require additional information or documentation relating to your claim. See the **Manufacturer's Warranty** attached to the **Residential SurgeShield Program Terms and Conditions** available at [www.FPLHome.com](http://www.FPLHome.com) for a list of covered items.

*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

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



## 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 Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name (Print): \_\_\_\_\_

Customer Email Address (Print): \_\_\_\_\_

*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:** [Surge.Claims@fpl.com](mailto: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 residential appliances/systems consisting of (attach additional pages if necessary):

Appliance Type:	Brand:	Model No:	Serial No:	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

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

- Are the indicator light(s) on the SurgeShield® device at the electrical meter 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/content/dam/fpl-home/resources/SurgeShieldDeviceFPLHome2019PRINT.pdf>)

The light(s) are:  On    Off

If On, please explain in detail why you believe that the applicable item(s) was damaged by a power surge: \_\_\_\_\_

- 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.

\_\_\_\_\_  
\_\_\_\_\_

- 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 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 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)