



**STATEMENT OF CLAIMANT
(EQUIPMENT LOSS)**

Please Note: FPL is not responsible for: Power Outages, voltage fluctuations, property damage or food loss caused by hurricanes, weather – related (such as lightning, floods, extreme storms, heat or winds) or other acts of nature.

Complete the information below in its entirety, **attach any documentation to support your claim (e.g. original purchase receipts, repair invoices, photos)** and send in via: **Email at Public-Claims@FPL.com, Fax at (305) 626-7694, or US mail at FPL-Public Claims NCL/JB, P.O. BOX 14000, Juno Beach, Florida 33408.** Failure to comply will postpone indefinitely the investigation of the claim until such time as these requirements have been fulfilled.

OWNER OF EQUIPMENT _____ DATE OF INCIDENT _____

ADDRESS _____ CITY _____ ZIP _____

PREFERRED# _____ ALT# _____

PLACE OF INCIDENT _____

DATE AND TIME OF OCCURRENCE _____

DESCRIBE DAMAGE FOR WHICH CLAIM IS BEING MADE _____

DESCRIPTION OF DAMAGED EQUIPMENT

<u>MAKE</u>	<u>SERIAL#</u>	<u>MODEL#</u>	<u>TYPE</u>	<u>YEAR PURCHASED/COST</u>
Ex. Lenovo Laptop T	CA44567	RO1234	Thinkpad T430	2011 / \$650.00

1. _____

2. _____

3. _____

4. _____

HOW DID INCIDENT HAPPEN? (GIVE FULL ACCOUNT) _____

AMOUNT FOR WHICH CLAIM IS BEING MADE _____

ATTACH ALL REPAIR ESTIMATES AND/OR OTHER PROOF OF LOSS FOR ABOVE.

WILL YOU OR HAVE YOU FILED A CLAIM WITH YOUR INSURANCE CO? YES _____ NO _____

NAME OF HOMEOWNERS/BUSINESS/AUTO INSURANCE COMPANY _____

ADDRESS _____

POLICY# _____ PHONE# _____

I AUTHORIZE FPL TO INVESTIGATE MY CLAIM. FPL WILL NOT DETERMINE LIABILITY UNTIL ALL OF THE FACTS OF THIS MATTER, ALONG WITH THE REQUESTED DOCUMENTATION, HAVE BEEN REVIEWED.

SIGNATURE _____ DATE _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AND INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISSEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. FLORIDA STATUTE 817.234