Florida Power & Light Company NCL/JB, P.O. Box 14000, Juno Beach, FL 33408
Public-Claims@FPL.com

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

<table>
<thead>
<tr>
<th>MAKE</th>
<th>SERIAL#</th>
<th>MODEL#</th>
<th>TYPE</th>
<th>YEAR PURCHASED/COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Lenovo Laptop T</td>
<td>CA44567</td>
<td>RO1234</td>
<td>Thinkpad T430</td>
<td>2011 / $650.00</td>
</tr>
</tbody>
</table>

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________________________________________________________ PHONE# ____________

POLICY#___________________________________________________________

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