



## PREMIUM SURGE PROTECTION CLAIM FORM

\*This program is no longer available to new customers as of 06/01/2019. This claim form is applicable to previously enrolled Premium Surge customers only. Premium Surge is a surge protection program that attaches a surge protector (which may include electrical grounding and related materials) at the electrical, telephone and cable/satellite entrances to the residence to help protect covered electronics and motor-driven appliances from power surges that pass through these entrances. Premium Surge comes with a \$50,000 limited manufacturer's warranty per incident for damages caused by a failure of the surge protection system to properly perform.

Please complete this form and provide all requested documentation in order to ensure timely processing and investigation of your claim. This form must be signed and returned within fourteen (14) 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 Premium Surge Protection program are subject to the Service Warranty Terms and Conditions available at [www.fpl.com/surge](http://www.fpl.com/surge). FPL Home may, at its sole discretion, require additional information or documentation relating to your claim.

### SECTION A: Customer Information

Customer 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: \_\_\_\_\_

Before proceeding, please check the indicator light(s) on your Premium surge 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 [www.fpl.com/surge](http://www.fpl.com/surge).)

**1. Are the indicator light(s) on the surge protection device located at your electric meter ON or OFF?**

Yes  No  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 sprinkler systems, doorbells, water lines, buried electronic fences and exterior metal surfaces.

**2. If the indicator light(s) on the above 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 or other surge protection equipment provided by the Premium Surge Protection program to properly perform:** \_\_\_\_\_  
\_\_\_\_\_

If after completing the above steps you continue to believe that the Premium surge protector system has failed to properly perform and that failure has resulted in damage to your covered appliance(s) and/or covered electronics, 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 Premium Surge Program Terms and Conditions available at [www.fpl.com/surge](http://www.fpl.com/surge) for a list of covered items. This form must be signed and returned to within fourteen (14) 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. Please note the Premium Surge program is a discontinued program for previously enrolled customers only.

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## 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 a breakdown of services. If the item is "not repairable" 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.

### This Section – Electronic Items Only

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

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*Brand/Age:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$

### This Section – Motor-Driven Appliance(s) Only

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

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*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

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 relating to this claim as well as email promotional materials about other product offerings of 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: [products-services-support@nexteraenergy.com](mailto:products-services-support@nexteraenergy.com) (Email is suggested for fastest response time)

**Mail:**

ES/GO P.O. Box 029100,  
Miami, FL33102

**Fax:**

305-442-5018  
For questions please call 833-919-0945



**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 \_\_\_\_\_ (if applicable). My current employer is \_\_\_\_\_ (employer name) bearing contractor license number \_\_\_\_\_.

I inspected the residential item(s)/system(s) consisting of (attach additional pages if necessary):

*Household Personal Electronics and Entertainment:	*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

*Household White Goods Electronic and Motor-Driven Appliances:	*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

\*Required fields

\*for full coverage details and limitations, review the Premium Surge Program Terms and Conditions.

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 electronic device(s) repairable?      Is the appliance(s) repairable?  
 Yes  No  Other                       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 electronics and appliances as indicated above, I conclude to the best of my knowledge that the damages to such electronics and appliances were caused by a power surge. I understand that if FPL Home has facts that contradict the conclusions stated above (such as weather 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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