



## ELECTRONICS SURGE PROTECTION<sup>SM</sup> CLAIM FORM

Electronic Surge Protection (ESP) covers your sensitive in-home electronics from surge related damages.

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 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. Any claims under the Electronics Surge Protection program are subject to the Electronics Surge Protection Service Warranty Terms and Conditions available at [www.FPLHome.com](http://www.FPLHome.com). 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:

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The mailing address to send my check is the same as my service address.

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Revision Date: 10/29/2019



## 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

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

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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:** [FPL-Home-Customer-Support@FPL.com](mailto:FPL-Home-Customer-Support@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  
(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 Electronic item(s)/system(s) consisting of (attach additional pages if necessary):

*Electronic Item:	*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)