



CLAIM FORM

CUSTOMER INFORMATION

Contract Account #: _____

First Name: _____ Initial: _____ Last Name: _____

Street: _____

Area: _____ No: _____

Telephone Home: _____ Cell: _____ Work: _____

E-mail: _____

Preferred Billing Method: E-Mail Mail Telephone

CLAIM INFORMATION

Date of Incident: _____ Time of Incident: _____

Please provide a brief description of the circumstances causing the damage or loss:

No.	Appliance Type	Brand Name	Model Serial No.	Age (Years)	Receipts Yes/No	Amount Claimed (\$)
1						
2						
3						
4						
5						

Signature Customer: _____ Date: _____