

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.GulfPower.com. Gulf Power may, at its sole discretion, require additional information or documentation relating to your claim.

	SECTION A	A: Customer Informa	tion	
Customer Name:		Gulf Power Account	#:	
Service Address:			City:	
Zip:	Daytime Phone:	Evening Ph	ione:	
Discovery Date of Incid	dent/Loss:			
Describe the incident	and weather conditions durin	ng the incident which caused th	ne damage:	
The mailing address	s to send my check is the sar	me as my service address.		
Mailing Address:		City:	State:	Zip:
determine whether the Device Guide for more 1. Are the indicator li Yes No Please be aware the	e indicator lights are On or Conformation about location of ght(s) on the surge protects of the conformation at your appliances may fail for the conformation of the c	nt(s) on your Premium surge of (On indicates that the device of lights, available at www.Gultion device located at your e or a variety of reasons other that ear and power surges that can	e is functioning profee is functioning profeed for the sector of the sec	roperly. Please see the ge.) or OFF? surge protection device
	_	s, buried electronic fences and		_
below please inc the device or ot	licate why you believe t her surge protection equ	e ON (indicating that the dev hat the applicable item(s) uipment provided by the	was damaged Premium Surge	due to a failure of

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.GulfPower.com 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. Gulf Power 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.

Revision Date: 9/22/2020



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: \$
*Electronic Item:	Original Purchase Date:	Original Purchase Price: \$
*Brand/Age:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$
*Electronic Item:	Original Purchase Date:	Original Purchase Price: \$
*Brand/Age:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$
Tr	is Section - Motor-Driven Appliance(s) Only	
*Appliance:	Original Purchase Date:	Original Purchase Price: \$
*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: \$
*Appliance:	Original Purchase Date:	Original Purchase Price: \$
*Brand/Age:	*Model Number:	*Serial Number:
Labor: \$	Replacement Part(s): \$	*Total: \$
*Required fields		

Revision Date: 9/22/2020

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.



For questions please call 833-919-0945

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 Gulf Power and its affiliates. You may opt out of future promotional emails at any time.
Send completed claim form to one of the following: Email: Surge-Customer-Support@nexteraenergy.com (Email is suggested for fastest response time)
Mail: ES/GO P.O. Box 029100, Miami, FL33102
Fax: 305-442-5018

Revision Date: 9/22/2020



SERVICE PROVIDER CERTIFICATION OF CAUSE OF DAMAGE

(To be completed by a licensed repair technician)

Date:			
l,	, (service provider na	ame) am a licensed technician bearing contrac	
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 additio	nal pages if necessary):	
*Household Personal Electronics and Entertain	 iment:	*Damaged by a Power Surge?	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
*Household White Goods Electronic and Moto	or-Driven Appliances:	*Damaged by a Power Surge?	
Tiodoriola Willia doda Eloctorilo and Meta	<u> </u>	☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
	(day) of	(month) in (ye	
Please explain in detail why you believe include picture(s):		was damaged by a power surge and if availa	
2. Is the electronic device(s) repairable?	Is the appliance(s) repair	able?	
☐ Yes ☐ No ☐ Other	☐ Yes ☐ No ☐ Oth	er	
If NO, please explain in detail what effort	s you undertook to make the	he conclusion that the damage is not repairal	
including the scope of any search for replace			
		conclude to the best of my knowledge that the damages to s has facts that contradict the conclusions stated above (suc	
weather data), that Gulf Power may contact me for furt	her clarification in reference to this cla	aim. I may be called upon to further substantiate my conclusioning document and that the facts stated in it are true to the	
		(Technician Signati	

Revision Date: 9/22/2020