

# INSURANCE CLAIM FORM

**Today's Date:**         /      /     

|                                                                                           |                                            |                          |                          |
|-------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|--------------------------|
| <i>Name:</i> _____                                                                        |                                            |                          |                          |
| <i>Mailing Address:</i> _____                                                             |                                            |                          |                          |
| <i>City:</i> _____                                                                        | <i>State:</i> _____                        | <i>Zip Code:</i> _____   |                          |
| <i>Telephone #:</i> _____                                                                 |                                            |                          |                          |
| <i>Date of Loss:</i> _____                                                                | <i>Time of Loss:</i> A.M. _____ P.M. _____ |                          |                          |
| <i>If date and time unknown please check the following: Weekday _____ Weekend _____</i>   |                                            |                          |                          |
| <i>Morning _____ Afternoon _____ Evening _____</i>                                        |                                            |                          |                          |
| <br><i>Location of Loss(Physical Location):</i> _____                                     |                                            |                          |                          |
| <i>What was the cause of damage?</i>                                                      | <i>Outage</i>                              | <input type="checkbox"/> | <i>Surge</i>             |
|                                                                                           | <i>Blinks</i>                              | <input type="checkbox"/> | <i>Other</i>             |
|                                                                                           |                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Please explain incident:</i> _____                                                     |                                            |                          |                          |
| <br><i>On the date of loss was a call made to Kit Carson Electric reporting incident?</i> |                                            |                          |                          |
| <i>Yes:</i> _____ <i>No:</i> _____                                                        |                                            |                          |                          |
| <br><i>To the best of your knowledge, were there other people affected?</i>               |                                            |                          |                          |
| <i>YES:</i> _____ ( <i>explain</i> ) _____ <i>NO:</i> _____                               |                                            |                          |                          |
| <i>What was damaged?:</i> _____                                                           |                                            |                          |                          |
| <i>Estimated amount of Damage:</i> _____                                                  |                                            |                          |                          |
| <i>Was it Repaired?:</i> _____                                                            |                                            |                          |                          |
| <i>Comments:</i> _____<br>_____<br>_____<br>_____                                         |                                            |                          | <b>OFFICE USE ONLY</b>   |
|                                                                                           |                                            |                          |                          |
|                                                                                           |                                            |                          |                          |
|                                                                                           |                                            |                          |                          |