

Lisa Lucas Xcel Energy 1414 West Hamilton Ave P.O. Box 8 Eau Claire, WI 54702-0008

Office - (715) 737-2662 FAX - (715) 737-1155 Lisa.m.maar@xcelenergy.com

**Dear Customer** 

Thank you for your recent request for a Claim Application.

Our Claims Department is available to guide you through this process. To help process your claim more efficiently, we are providing the enclosed forms. It is very important that you provide a complete and detailed description of the incident that you believe caused your loss. That information will assist us as we investigate what occurred. It is also necessary that all invoices or receipts substantiating your loss accompany the claim form.

We will make every effort to process your claim as quickly as possible. However, since our investigation may include an analysis of the reliability data for your area, interviews with field personnel, and a review of weather conditions at the time of the incident, processing time could take up to 30 days to complete. We will be in contact with you if we have questions during the investigation process.

Our responsibility for damages caused by power interruptions and disturbances is governed by a document known as a tariff, which the Company filed with The Public Service Commission. This tariff makes us responsible for certain damages if caused by our negligence. We are not responsible, however, for injuries or losses caused by circumstances beyond our control, such as equipment failure or acts of nature (floods, fires or weather-related incidents).

As you consider whether to file a claim you may also want to consider contacting your insurance company to inquire if your loss would be covered by your homeowner's insurance policy. If you wish to continue with this claims process, please complete the enclosed Claim Application and mail it back to our office. The Claims Investigator assigned to your case is available for any questions or concerns you may have during the process and will advise you of the company's decision based on the results of the investigation.

Once again, thank you for your inquiry and patience during this process.

Sincerely,

Xcel Energy - Claims Services Dept. Enclosures



Lisa Maar Xcel Energy Claim Services – Law Dept.

(715) 737-2662

### PLEASE PRINT

# **CLAIM APPLICATION**

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Date and Time of Damage    Mark   Coastion of Damage   All	Mailing Address, If Differ	ent				Property Owner				
When Xoel Energy Penannel Performing Work in the Area when Problem   Ware Xoel Energy Penannel Performing Work in the Area when Problem   If "les" What Type of Work?   Yes	Where Claimant Can Be	Contacted				1	When	is the Best Time to Cc	ontact You?	
Were Xel Energy Personnel Performing Work in the Area when Problem    Yes	Date and Time of Damag	je			Location of Dam	nage (Address)				
Please give detailed description of how damage occurred, and what was damaged. Attach photos of damage and area.  Please give detailed description of how damage occurred, and what was damaged. Attach photos of damage and area.  Please itemize properly items that were damaged. Include age of merchandise, cost, etc. (Use attached form.) include purchase or repair receipts along with all other documentation.  Please itemize properly items that were damaged. Include age of merchandise, cost, etc. (Use attached form.) include purchase or repair receipts along with all other documentation.  TOTAL AMOUNT CLAIMED  Includes  TOTAL AMOUNT CLAIMED  Includes  No Name of Injured Party  Age Address of Injured Party  Address of Injured Party  Address of Witness  City  State  Zip Code  Claim Previously Filed (If yes, When, and to Whom?)  Please Return To:  Claims Dept.  Xell Energy DEPARTMENT P. O. Box 8	Were Xcel Energy Perso Occurred?	nnel Performing Wo	irk in the Area when Probl		If "Yes" What Ty	pe of Work?				
Please give detailed description of how damage occurred, and what was damaged. Attach photos of damage and area.  Please itemize properly items that wore damaged. Include age of merchandise, cost, etc. (Use attached form.) Include purchase or repair receipts along with all other documentation.  TOTAL AMOUNT CLAIMED  **TOTAL AMOUNT CLAIMED**  Injuries Name of Injured Party Age Address of Injured Party City State Zip Code  Witness Phone Number Address of Witness City State Zip Code  Claim Previously Filed (If yes, When, and to Whom?)  Signature of Claimant  Date Signed Ploase Return To:  Claim Code  ATTN: LAW DEPARTMENT P. O. Box 8	Yes No	☐ Not Know	√n	!					r to excavation	ons?
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Include purchase or repair receipts along with all other documentation.    TOTAL AMOUNT CLAIMED										
TOTAL AMOUNT CLAIMED  \$ Injuries  No Name of Injured Party  Age  Address of Injured Party  City  State  Zip Code  Witness  Phone Number  Address of Witness  City  State  Zip Code  Claim Previously Flied (If yes, When, and to Whom?)  Signature of Claimant  Date Signed  Ploase Return To:  Claims Dept.  Xcel Energy  ATTN: LAW DEPARTMENT  P. O. Box 8	Please itemize property it	tems that were dama	aged. Include age of merci	:handise,	, cost, etc. (Use a	ttached form.)				
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Signature of Claimant Date Signed ATTN: LAW DEPARTMENT P. O. Box 8	Claim Previously Filed (If )	/es, When, and to W	/hom?)					Claims D		
·	Signature of Claimant				Date Signed			ATTN: LAW DEPARTMENT P. O. Box 8		

# **LIST OF ITEMS**

**O** Xcel Energy®

The following is a schedule of the articles known to be damaged.

IMPORTANT – Please attach receipts, canceled checks or other proof of ownership to support and document your claim.

1		/
MM	DD	YYYY

**DATE OF LOSS** 

PAGE OF

### **COMPLETE ONLY COLUMNS 1 THROUGH 9**

### **COLUMNS 10 THROUGH 14 FOR COMPANY USE ONLY**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
I T E M	Q U A N T I T	DESCRIPTION OF ITEM (brand name, model number, features, model year and serial number)	Where Purchased/ Obtained (name, address and phone)	When Purchased/ Obtained MM/YY	Payment Method (cash, check, credit or gift)	Receipts Available YES or NO	Original Cost	Current Replace- ment Cost	Dep. Factor (%)	Depreciation	ACV (Actual Cash Value)	Paid	Replacement/DepreciationSource/Comments
	TOTAL THIS PAGE												

Signature(s)	Date	



## **INSTRUCTIONS FOR COMPLETING "LIST OF ITEMS"**

- **Column #1** Please number the items consecutively. There are thirteen lines per page. If you use one line for each item, you should begin Page 2 with item #14 and continue numbering consecutively.
- Column #2 List the quantity of items in Column #2. Example: If 5 videotapes, fill in the number 5.
- **Column #3** Give a complete description of the item, including the brand, model number, features, model year, serial number, etc. Please use as many lines as necessary to accurately describe the item involved.
- **Column #4** Indicate where purchased. Provide the store name and location including the street address and phone number. If the item was received as a gift, give the name, address and phone number of the person who gave it to you.
- **Column #5** Please give the date the item was purchased or received as a gift.
- Column #6 Indicate whether you paid for the item by cash, check or credit card. If it was a gift, please indicate so.
- **Column #7** Indicate whether you have receipts, instruction booklets, photos or other forms of proof of purchase.

There are numerous types of documentation that will help substantiate your claim. Some methods of documenting an item are original: cancelled checks, credit card receipts, cash receipts, instruction manuals, warranty cards and, in some cases, photographs will help. The more documentation you have, the easier it is to expedite the processing of your claim.

- Column #8 Indicate what the original cost of the item was.
- **Column #9** Indicate the current replacement cost and the source used to determine replacement cost.
- We will complete columns 10 through 14.
- Please sign and date the bottom of the inventory list and make copies for your file.

If you are notified that we will pay all or part of your claim, we may exercise our right of recovery to any and all salvage in regards to this claim. If we pay for the damaged item, we may take possession of the item.