



Claims Services
414 Nicollet Mall Floor 8
Minneapolis, MN

PLEASE READ CAREFULLY

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 PUC. This tariff makes us responsible for certain damages if caused by our gross 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 List of Items form (with required documents) and return it in the self-addressed, postage paid envelope. 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.



PLEASE PRINT

CLAIMANT'S: LAST NAME		FIRST NAME	INITIAL	HOME PHONE #	FAX #	WORK PHONE #	
ADDRESS			CITY	STATE		ZIP	
MAILING ADDRESS, IF DIFFERENT				PROPERTY OWNER			
WHERE CLAIMANT CAN BE CONTACTED					WHEN IS BEST TIME TO CONTACT YOU?		
DATE AND TIME OF DAMAGE <div style="text-align: right;">AM PM</div>				LOCATION OF DAMAGE (ADDRESS)			
WERE XCEL ENERGY PERSONNEL PERFORMING WORK IN THE AREA WHEN PROBLEM OCCURRED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN				If "YES" WHAT TYPE OF WORK?			
				If underground, were locations of damaged facilities provided prior to excavation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Locate Ticket # _____			
PLEASE GIVE DETAILED DESCRIPTION OF HOW DAMAGE OCCURRED, AND WHAT WAS DAMAGED. ATTACH PHOTO'S. OF DAMAGE & AREA.							
PLEASE ITEMIZE PROPERTY ITEMS THAT WERE DAMAGED. INCLUDE AGE OF MERCHANDISE, COST, ETC. (USE ATTACHED FORM.) INCLUDE PURCHASE OR REPAIR RECIEPTS ALONG WITH ALL OTHER DOCUMENTATION.							
						TOTAL AMOUNT CLAIMED \$	
INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF INJURED PARTY	AGE	ADDRESS OF INJURED PARTY	CITY	STATE	ZIP	
WITNESS	PHONE #	ADDRESS OF WITNESS	CITY	STATE	ZIP		
CLAIM PREVIOUSLY FILED (If Yes, When, and to Who?)					PLEASE RETURN TO: Xcel Energy Attn: Claims Dept 414 Nicollet Mall FL 8 Minneapolis, MN 55401		
SIGNATURE OF CLAIMANT			DATE SIGNED				

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.

MM DD YYYY

PAGE _____ **OF** _____

COLUMNS 10 THROUGH 14 FOR COMPANY USE ONLY

[illegible]**TOTAL THIS PAGE**

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.