



Claims Services  
401 Nicollet Mall  
Minneapolis, MN

612-215-4512

Customer Name  
Address 1  
Address 2  
City, State ZIP

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 90 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 has filed with the state regulatory 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.

Please note that all states have a Statute of Limitations. Statutes of limitations are laws that set the maximum time after an event when a legal proceeding can be filed in court. You can review your state laws to learn more about the statute of limitations that may apply to your situation.

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

Sincerely,

Xcel Energy - Claims Services Dept.  
Enclosures



Claim Services—Law Dept  
 414 Nicollet Mall FL 8  
 Minneapolis, MN 55401

## CLAIM APPLICATION

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				LOCATION OF DAMAGE (ADDRESS)						
<b>AM</b> <b>PM</b>										
WERE XCEL ENERGY PERSONNEL PERFORMING WORK IN THE AREA WHEN PROBLEM OCCURRED?				If "YES" WHAT TYPE OF WORK?						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN				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.										
<b>TOTAL AMOUNT CLAIMED</b>						<b>\$</b>				
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						

# LIST OF ITEMS



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.

DATE OF LOSS

MM DD YYYY

## 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
ITEM	QUANTITY	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 Replacement Cost	Dep. Factor (%)	Depreciation	ACV (Actual Cash Value)	Paid	Replacement/Depreciation Source/Comments

TOTAL THIS PAGE



## 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.**