

Claims Services  
P.O. Box 840  
Denver, CO 80201



Customer Name  
Address 1  
Address 2  
City, State ZIP

Dear Customer:

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 Department  
303-294-2311 FAX #  
[ClaimsDpt@xcelenergy.com](mailto:ClaimsDpt@xcelenergy.com)  
Enclosures



# Claim Application

1 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Home phone number \_\_\_\_\_ Cell number \_\_\_\_\_ Work number \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing address, if different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email address \_\_\_\_\_ Property Owner \_\_\_\_\_

2 Date and time of damage \_\_\_\_\_  a.m.  p.m.  
 Address where damage occurred \_\_\_\_\_ Xcel Energy account number \_\_\_\_\_  
 Were Xcel Energy personnel performing work in or near the area where the problem occurred?  Yes  No  Not known  
 If yes, what type of work? \_\_\_\_\_  
 If underground damage, were locations of damaged facilities provided prior to excavation?  Yes  No  
 If yes, locate ticket number: \_\_\_\_\_

3 Please give a detailed description of how the damage occurred and to what. Please attach photographs of the damage and the area. Please attach all purchase or repair receipts along with all other supporting documentation that you have relating to this claim and complete **list of items** sheet on next page.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Total amount claimed \$** \_\_\_\_\_

4 Injuries involved  Yes  No Name of injured party \_\_\_\_\_ Age \_\_\_\_\_  
 Address of injured party \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Witness \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address of witness \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Has a claim been previously filed? If yes, when and to whom? \_\_\_\_\_

**Signature of claimant** \_\_\_\_\_

By signing this form, I attest that none of the above statements are fraudulent and certify that all the information is true and accurate to the best of my knowledge.

Printed name of claimant \_\_\_\_\_ Date signed \_\_\_\_\_

**Please return to:** Xcel Energy Claims Department, P.O. Box 840 Denver, CO 80201-0840 Email:  
**ClaimsDpt@xcelenergy.com**; FAX number: **303.294.2311**; phone number: **303.294.2828**

