



# SurgeShield® Limited Manufacturer’s Warranty Claim Form

## Section A: Customer Information

Accountholder Name: _____	FPL Account Number: _____
Service _____ Address: _____	Mailing _____ Address: _____
Incident/Loss Discovery Date: _____	Describe the incident and weather conditions on the date: _____ _____ _____

## Section B: Claim Information for Damaged Item(s)

Damaged Item(s):	Brand:	Model Number:	Serial Number:

**If you have filed a claim with your insurance and/or warranty company for any of the listed items, enter below:**

Insurance/Warranty Co.: _____	Claim amount paid: \$ _____
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Check one option: Are the indicator light(s) on the SurgeShield device ON or OFF?  ON  OFF

**Note: Device lights are easier to see at night when there is no direct sunlight.** For assistance locating the device light, please visit <https://www.fplhome.com/SurgeDevice>

**If the device light is ON, it is an indication that the device is functioning properly.** If you still believe the device failed to perform properly, you may submit a request to review your claim against the manufacturer's limited warranty for the damage to your covered appliance(s).

Please be aware that your appliances may fail for a variety of reasons other than a failure of the surge protection device to properly perform, including normal wear and tear and power surges that can enter your home through other channels, such as cable and phone lines. FPL Home may need to remove the SurgeShield device from your home for testing to verify whether the device has in fact failed to properly perform. If you believe that the SurgeShield surge protector device has failed to properly perform and that failure has resulted in damage to your covered appliance(s), please complete the remainder of this form and provide all requested documentation.

**Customer Email Address (Print):** \_\_\_\_\_

*By providing my email address, I agree to receive email correspondence about this claim and promotional materials about other products offered by FPL Home and its affiliates. I understand that I may opt out of future promotional emails at any time.*

**Customer Signature (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By filling out this form, you are pursuing a claim against the manufacturer’s limited warranty that the SurgeShield surge protection device has failed to perform properly, and that failure has resulted in damage to your eligible appliance(s). If your claim is approved, the Manufacturer’s Limited Warranty will reimburse you for: (1) the fair market value of the item immediately before it failed, (2) the reasonable cost of repair for the item, or (3) the reasonable estimate to replace the item, whichever is lower. Please review the claim forms and submission requirements. You must provide, sign, and submit your claim documentation to FPL Home within thirty (30) days from the date you discovered the loss/damage/failure to your eligible appliance for the claim to be considered. Failure to comply with the above requirements may result in the delay or denial of your claim. FPL Home may, at its sole discretion, require additional information or documentation relating to your claim. Any claims under the SurgeShield program are subject to the SurgeShield Residential Warranty Terms and Conditions and Manufacturer’s Warranty available at [www.FPLHome.com](http://www.FPLHome.com).*



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## Service Provider Certification of Cause of Damage

(To be completed by a licensed repair technician)

I, \_\_\_\_\_ (name of provider), am a licensed technician bearing contractor license number \_\_\_\_\_.

My current employer is \_\_\_\_\_ (employer), bearing contractor license number \_\_\_\_\_.

I inspected the residential appliances/systems located at \_\_\_\_\_ (property address) inspected on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) in \_\_\_\_\_ (year) consisting of:

Brand of Damaged Item(s):	Model Number:	Serial Number:	Damaged by Power Surge?	Needs to be:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced

Please provide an itemized invoice or estimate on an official company document that includes your company's name, address, phone number, and license number. If you determine that the damage was caused by a power surge, be sure to indicate this on the invoice itself in addition to the claim form.

I hereby represent that after inspecting the appliances/systems as indicated above, I conclude to the best of my knowledge that the damages to such appliances/systems were caused by a power surge through the electrical meter. I understand that if FPL Home has facts that contradict the conclusions stated above (such as weather data or surge protection device inspection/test data), FPL Home may contact me for further clarification in reference to this claim. I may be called upon to further substantiate my conclusions. Under penalties of perjury, I declare that I have read, understand, and completed the foregoing document and that the facts stated in it are true to the best of my knowledge and belief.

Technician Signature: \_\_\_\_\_