



# UtilityShield

## SURGE PROTECTION

### Service Agreement Claim Form

#### CUSTOMER INFORMATION (Please Print)

Name			
Address	City	State	Zip Code
Phone Number	Cell Phone Number (optional)	Email Address (optional)	

#### REPAIR PROVIDER INFORMATION (Please Print)

Company Name	Name of Technician	Phone Number	
Address	City	State	Zip Code
Phone Number	Cell Phone Number (optional)	Email Address (optional)	

#### REPAIR PROFESSIONAL ATTESTATION:

In my professional opinion, the items listed below were damaged by an uncontrolled burst of unwanted energy over a circuit (an "electrical surge" and not due to negligence or age of equipment.)

Repair Professional Signature	Date
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#### DAMAGED ITEMS

Appliance/Electronic Device Description	Brand/Manufacturer Name	Model Number	Date Damage Occurred	Repair Cost	Replacement Cost	
1.				\$	\$	
2.				\$	\$	
3.				\$	\$	
				<b>Diagnostic Fees:</b>	\$	\$
				<b>Total Cost:</b>	\$	\$

#### CUSTOMER ATTESTATION:

The Damaged Items listed on this form are owned by me, and were working properly prior to enrolling in the Surge Protection Plan (the "Plan"). The reported damage was caused by an electrical surge as defined by the Plan. The item were not covered by any other warranty other than the Plan. I agree to retain the damaged item(s) until the claim is fully settled so that the item(s) can be inspected if IGS chooses to do so.

Customer Signature	Date
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**Please send completed claim form with all necessary receipts to:**

**Mail:** Ozarks UtilityShield  
Attn: Surge Claim Form  
P.O. Box 9052, Dublin, OH 43017

**Email:** OzarksMemberService@UtilityShield.com

**Fax:** 614-659-5970