



CLAIM FORM

Corporate Claims

80 Park Plaza - MC 401, Newark, NJ 07101
claimsdepartment@pseg.com

Representative _____
File# _____

PLEASE REFER TO THE FAQs BEFORE COMPLETING THIS FORM

Your Name, Mailing Address, Business Name, Your Contact Info, Account No., Location of Incident, Date and Time of Loss, Weather Conditions. Includes checkboxes for Mr., Mrs., Ms., Owner, Tenant, Electric, Gas, Vehicle, and weather types like Rain, Wind, Lightning, Snow, Fair, Other.

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of PSEG employees or contractors involved.

Blank lines for describing the incident.

List the items damaged: YOU MUST INCLUDE MAKE, MODEL NUMBER and DATE OF ORIGINAL PURCHASE and PURCHASE PRICE. Enclose a written repair bill or estimate for each damaged item.

Blank lines for listing damaged items.

Demand Amount Sought \$ _____

Have you made a claim for this loss against your insurance carrier? Yes [] No []

If yes, please provide: INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

Notice: Any person knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

I CERTIFY THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.

CLAIMANT'S SIGNATURE

DATE