



CLAIM REQUEST FORM

CUSTOMER INFORMATION

Customer Name: _____ Account No: _____

Service Address: _____ City: _____ Zip: _____

Contact Number: _____ Email: _____

Incident Description:

LICENSED TECHNICIAN INFORMATION (completed by contractor)

Contractor Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Contact Person: _____

I hereby certify that I am a licensed technician and I'm authorized to assess the damaged equipment and provide a diagnosis. By my signature below, I certify that damages to the listed equipment were caused by a power surge and that all the information provided is true and correct to the best of my knowledge.

Contractor Signature

Date

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EQUIPMENT DETAILS

Equipment Item	Brand	Model Number	Serial Number	Repair or Replace	Original Price	Repair / Replacement Costs
TOTAL						



Is any of the equipment listed covered by another warranty or insurance company? _____

Have you or will you file a claim for any of the listed equipment? _____

Insurance/Warranty Co. (if applicable): _____

Amount Paid (if applicable): _____

I hereby certify that I have read the Spark Energy Surge Protection Plan Terms and Conditions and that all the information provided is true and correct to the best of my knowledge.

Customer Signature

Date

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Please upload, email, or mail the completed claim form and the required documentation to one of the following:

Website Upload: www.sparkenergy.com/surgeprotection

Email: surgeprotection@sparkenergy.com

Mail: Surge Protection
12140 Wickchester Ln, Ste 100
Houston, Tx 77079

Spark Surge Protection Plan Terms and Conditions: www.sparkenergy.com/surgeprotection