

Surge Protection Damage Claim Form

Customer Information							
Name: (as shown on your Evergy bill)							
FirstMI:Last:							
Evergy account number:							
Exact address where damage occurred:							
Street address:							
City: Zip							
Daytime phone or cell: ()							
Email address:							
Incident Details							
Date of incident / between the hours ofam/pmam/pm							
This Claim form must be complete, signed and returned to Evergy within 30 days of the incident date above to be eligible for payment.							
Provide a brief description of the incident that caused the damage:							

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Original Appliance or Electronics Damage Description

Provide actual Damaged Appliance Description (not replacement Appliance) Make additional copies of this page as needed

Electronic/Appliance type:							
Purchase Date / / Purchase Price \$							
Brand:Model Number							
Description of Damage:							
Repairable? Circle: Yes or No Labor \$Replacement Parts \$Total \$							
Electronic/Appliance type:							
Purchase Date / / Purchase Price \$							
Brand:Model Number							
Damaged description:							
Repairable? Circle: Yes or No Labor \$Replacement Parts \$Total \$							
<u> </u>							
Electronic/Appliance type:							
Purchase Date / / Purchase Price \$							
Brand:Model Number							
Damaged description:							
Repairable? Circle: Yes or No Labor \$Replacement Parts \$Total \$							
Total amount for which you are filing this claim: \$							
Will you/have you filed a claim for any of the listed items with your insurance company and/or any warranty company? ☐ Yes ☐ No							
Your signature (Required): Date:							

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Pre-Submittal Checklist

	e reviewed the applicable Surge Protection Service Terms and litions for claim eligibility details (available at www.evergy.com/surge)
☐ I hav	e verified the damaged device is a cord and plug device
□ Му Е	vergy account is not past due.
☐ My S	urge Protection Damage Claim Form is complete and signed
	e attached Clear and legible copies of repair estimate OR original nase receipt
Autho include • •	orized repair facility's invoice on their business's letterhead is attached ding: Description of damaged device Cost of device repair or "not repairable" statement Statement that damage was caused by a power surge through electrical service

/or/

Service Provider Damage Certification Form is complete, signed and attached with pictures attached for claims over \$500

Submittal Address and Contact Information

Signature of repair facility's inspector

EVERGY Attn: Surge Damage PO Box 418679 Kansas City MO 64179-0031 **Email claims to:**

surgedamageclaims@evergy.com

Call with Questions: 816-472-0432

Next Steps:

- Please allow 2-4 weeks to process your claim. (Email submitted claims result in fastest processing time.)
- Evergy will contact you with either an award letter detailing your depreciated device payment or a denial letter explaining the decision.

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SERVICE PROVIDER DAMAGE CERTIFICATION

(REQUIRED ONLY FOR CLAIMS EXCEEDING \$500 DOLLARS IN TOTAL)

Inspection Date:								
I,Mv.ci	, am a licensed technician bearing contractor license number My current employer is							
bearing contractor license nur	mber	510y01 10	<u> </u>					
	' <u></u>							
I inspected the electronic(s) /	appliance	(s) below loca	ted at	(in an action aits address)				
				(inspection site address)				
Electronic/Appliance Type:	Brand:	Model No:	Serial No:	Damaged by a Power Surge?				
				□ Yes □ No				
				□ Yes □ No				
				□ Yes □ No				
				□ Yes □ No				
				□ Yes □ No				
through the electrical service. 2. Is there any part of the dam ☐Yes ☐ No		e item(s) that	can only be r	repaired with replacement?				
If Yes, please explain in detai damage is not repairable, incl				e the conclusion that the y search for replacement parts:				
ABOVE, I CONCLUDE TO THE BY A POWER SURGE ORIGINA UNDERSTAND THAT IF EVERO	BEST OF ATING THE BY HOME ABOVE (SI MY CONC	MY KNOWLED ROUGH THE E PROTECTION UCH AS WEAT CLUSIONS. UN THE FOREGOI	DGE THAT TH LECTRIC SEI SERVICES H THER DATA), DER PENALT	RVICE ENTRANCE. I HAS FACTS THAT CONTRADICT THAT I MAY BE CALLED UPON FIES OF PERJURY, I DECLARE ENT AND THAT THE FACTS				
For your protection, the law requires v	ou to be adv	vised of the follow	ving: It is a crimin	al act to make a false or fraudulent claim,				

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or to assist in the preparation or presentation of a false claim. Violators of this provision may be subject to criminal prosecution.