

Commonwealth Edison Company Claims Department P.O. Box 767 Chicago, IL 60690-0767

Claim Form

1-800-Edison-1 1-800-334-7661

1-800-95-LUCES (1-800-955-8237)

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Please Print Legib () Daytime Phone Number		an additional sheet	t of paper if more space i	s needed.)	Date Damag	ge Occurred
() Home Phone Number		ddress			 Time:	a.m./p.m.
Name of Contact Person (Units of Local Governme		ty	State Zip	_	Location o	
ComEd Account Number	-	- Social S	ecurity Number (Optional)		Add City/Sta	
What happened	! ?					
	NOT CONSTITUT ON THE PART	E ANY ADMISS OF COMMON	N ONLY AND DOES SION OF LIABILITY WEALTH EDISON n and documentation to:	Cla	wealth Edison Company tims Department P.O. Box 767 go, IL 60690-0767	
List of Damages	Attach supporting documentation. If your claim is for repair to a vehicle, your documentation should include copies of estimates from two repair shops on their printed invoice or estimating form; we reserve the right to request an independent estimate. If your claim is for food spoilage, your documentation should include an itemized list of spoiled items shown with the price of each and the total for all items, and copies of receipts or canceled checks, if any. If your claim is for equipment or property repair, your documentation should include copies of bills paid to have the property repaired, or in the event that you choose not to have the property repaired, a copy of a written estimate of the cost that would have been incurred if the property had been repaired. If an item is not repairable, you should state that information and your documentation should include proof that a total loss of the property resulted. If your claim is for damage from a power interruption, power surge, or other fluctuation, your documentation should include proof that the damage resulted from such power interruption, power surge, or other fluctuation.					
ltem	Make/Model	Age	Date Purchased	Purchase Price	Repair or Replacement Cost	Serial No.
Dollar Amount of	f Damage Claim: §	\$	The above	information is tru	e and correct to the best o	of my knowledge.
			Signature	ocal Government Only	Date	

For Office Use Only

File Number	Claim Number	Adjuster	_ Region
		•	•



Dear ComEd Customer:

Please complete and return this form so we can investigate your claim. THIS FORM IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF COMMONWEALTH EDISON COMPANY. Be as accurate and complete as possible, and attach any documentation that you have to support your claim and the damage amount. If you need additional space, use a separate piece of paper. We will conduct an impartial investigation and render a decision as quickly as possible. Please note that our investigation may include field inspections to verify damages claimed and to obtain such other proof as required by the circumstances of the case. We may need to examine damaged items while conducting our investigation, so please do not dispose of them (except spoiled food) until we have authorized you to do so. We will notify you when we reach a decision on your claim. If you choose not to accept our proposed resolution of your claim, you may pursue a complaint with the Illinois Commerce Commission.

Damages resulting from storms, wind, ice, accidents beyond our control, vandalism, tree or wildlife contact, equipment failure, scheduled outages or normal operating procedures will not be reimbursed except possibly under Section 16-125(e) and (f), as discussed below.

Section 16-125(e) and (f). Section 16-125(e) and (f) of the Illinois Public Utilities Act (220 ILCS 5/16-125(e) & (f)) provide for the payment of actual damages and replacement value to customers for certain power interruptions and fluctuations. A customer may have a claim for actual damages and a unit of local government may have a claim for reimbursement for emergency and contingency expenses under Section 16-125(e) in the event that more than 30,000 customers are subjected to a continuous power interruption of four hours or more that results in the transmission of power at less than 50% of the standard voltage, or that results in the total loss of power transmission. A customer may have a claim for replacement value of goods damaged under Section 16-125(f) in the event of a power surge or other fluctuation that causes damage and affects more than 30,000 customers. The Illinois Commerce Commission may grant a waiver of the obligation to pay actual damages and reimbursement for emergency and contingency expenses for a power interruption described in Section 16-125(e) in instances in which ComEd can show that the interruption was the result of one or more of the following causes: (1) unpreventable damage due to weather events or conditions; (2) customer tampering; (3) unpreventable damage due to civil or international unrest or animals; (4) damage to ComEd equipment or other actions by a party other than ComEd, its employees, agents, or contractors. In addition, ComEd is not liable for claims for replacement value of goods damaged as a result of a power surge or other fluctuation under Section 16-125(f) when ComEd shows that the power surge or other fluctuation was due to one or more of the four above-described causes.

Vehicle Damage. If your claim is for repair to a vehicle, your supporting documentation should include copies of estimates from two repair shops on their printed invoice or estimating form; we reserve the right to request an independent estimate.

Food Spoilage. If your claim is for food spoilage, your supporting documentation should include an itemized list of spoiled items shown with the price of each and total for all items, and copies of receipts or canceled checks, if any.

Equipment or Property Damage. If your claim is for equipment or property repair, your supporting documentation should include copies of bills paid to have the property repaired, or in the event that you choose not to have the property repaired, a copy of a written estimate of the cost that would have been incurred if the property had been repaired. If an item is not repairable, you should state that information and your supporting documentation should include proof that a total loss of the property resulted.

When completed, return the ComEd copy and supporting documentation to:
Commonwealth Edison Company
Claims Department
P.O. Box 767
Chicago, IL 60690-0767

^{*} Units of Local Government Only: To make a claim for reimbursement for emergency and contingency expenses under Section 16-125(e) of the Illinois Public Utilities Act (220 ILCS 5/16-125(e)), a unit of local government should contact its local ComEd public affairs director to obtain a separate emergency and contingency expenses claim form.