



STATEMENT OF CLAIMANT (FOOD LOSS)

Complete the information below in its entirety, **attach documentation to support your claim (e.g. Original purchase receipts, photos)**, and send in via **Email to Public-Claims@fpl.com** or alternatively via Fax at (305) 626-7694, or US mail at FPL-Public Claims LAW/SCS, P.O. BOX 25209, Miami, Florida 33102-9862. Failure to comply will postpone indefinitely the investigation of the claim until such time as these requirements have been fulfilled.

NAME _____ DATE OF INCIDENT _____

ADDRESS _____ CITY _____ ZIP _____

PREFERRED# _____ ALT# _____

PLACE OF INCIDENT _____

DATE AND TIME OF OCCURRENCE _____

<u>ITEM</u>	<u>QUANTITY</u>	<u>COST</u>

TOTAL AMOUNT OF LOSS _____

ATTACH ALL PROOF OF LOSS FOR ABOVE ITEMS.

I AUTHORIZE FPL TO INVESTIGATE MY CLAIM. FPL WILL NOT DETERMINE LIABILITY UNTIL ALL OF THE FACTS OF THIS MATTER, ALONG WITH THE REQUESTED DOCUMENTATION, HAVE BEEN REVIEWED.

SIGNATURE _____ **DATE** _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. FLORIDA STATUTE 817.234