Mail completed form to: Claims Management Department Entergy Services, LLC P. O. Box 2951 Beaumont, TX 77704

updated: 12/18/jlc

PLEASE PRINT

PLEASE PRINT										
Last Name					Spouse's Name					
Best Contact Phone #					Alternate Phone #					
Mailing Address: Street			Apt. #			City		State	Zip Code	
Date of Incident		Гіте		a.m./		Location of Inci	dent:			
Entergy Account #										
Description of Incident										
DESCRIPTION OF PROPERTY DAMAGED : Please attach repair estimates, invoices, proof of purchase, or supporting documents. For food spoilage, please include a separate itemized list of each item of food spoiled and documentation of cost.										
Items	Model/Serial #		Age	Repair		Amoun Claime	t	COMPANY ACV		
Other Losses: Use additional paper if necessary										
Witnesses: (Name	, Address, and Te	lephone					En	tergy employee _	Other	
Have you contacted your insurance carrier? Name of Company □ yes □ no							Telephone			
Lunderstand that F	Enteroy Services	LLC will	review all do	cumentatio	n in sur	nort of the clair	m Leertify t	that the foregoing	o is true and	
I understand that Entergy Services, LLC will review all documentation in support of the claim. I certify that the foregoing is true and correct Prepared By										
1										