Mail completed form to:

Gulf Power Company
Claims Department
One Energy Place, Bin 703
Pensacola, FL 32520-703

PLEASE PRINT

Name: (Mr./Mrs./Ms.)			Spouse's Name:
Home Phone: ( )	Work Phone: ( )		Cell Phone: ( )
Mailing Address: Street (Include Apt.#) City State Zip			
Date of Incident:	Time a.m. / p.m.	Address of Location or Incident: (if other than mailing address)	
Description of Incident:			

Description of Property Damaged: Please attach repair estimates, invoices, proof of purchase, or supporting documents. For food spoilage, please include itemized list of each item and documentation of cost.

Item Damaged (ex: Television)	Make (ex: Samsung)	Size (example: 24")	Model Number	Serial Number	Age of Item

Other Losses – Use additional paper if necessary – Signature is required on additional document

Witnesses: (Name, Address, Phone) **Gulf Employee** _____ **Other** _____

Have you contacted your insurance carrier? ☐ Yes ☐ No	Name of Company and Agent	Telephone of Agent ( )

I understand that Gulf Power Company will review all documentation in support of this claim. I certify that the foregoing is true and correct. I understand that pursuant to Florida law that any person who knowingly with intent to injure, defraud or deceive any insurer files a statement of claim on an application containing false, incomplete, or misleading information may be guilty of a felony of the third degree.

Prepared By: _____ Date: _____

(Signature Required) (Date Signed Required)