



Consolidated Edison Company of New York, Inc. 4 Irving Place, New York, NY 10003-0987 Fax 1-212-979-1278 www.conEd.com

CLAIM FORM

READ THE ATTACHED POLICY STATEMENT COMPLETELY AND CAREFULLY BEFORE COMPLETING THIS FORM

Name: Last First Mr. Mrs. Ms. Owner Tenant

Address: House # and Street

City State Zip

Telephone No. Home/Cell: Business: Email Address:

Bill Account No.: Found on Current Bill

Mailing Address if Other Than Above

Date of Loss: Month Day Year Time of Loss

Location of Loss:

Loss is Related to: Gas Operations Elec. Operations Steam Operations Other (Explain)

Weather Conditions: Rain Wind Lightning Snow Fair Other (Explain)

Please provide a clear and detailed description of the incident, including the names of any Company employees and/or contractor(s) involved.

Multiple horizontal lines for providing a detailed description of the incident.

Total Amount of Loss \$:

Did you take any action to minimize the loss?                      Yes                       No                       (Explain)

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Were you on your premises at the time of loss?                      Yes                       No   
Have you called us for service within the past 12 months?                      Yes                       No

If yes, list dates, office called and nature of call, name of Company employee talked to (if known)

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List items of damage: MUST INCLUDE MAKE, MODEL AND DATE OF PURCHASE  
**Please attach estimate of repair(s) and any picture(s) showing the damages.**

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Have you made a claim for this loss against your insurance carrier or others?

Insurance carrier                       Others                       (Explain)

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Name of your insurance carrier and policy number

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The claimant(s) acknowledge that they have read this claim form carefully, that they are the owners of the damaged property and the information provided is true and correct. It is understood that the company's request for this information is not an indication that the Company is honoring the claim.

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Signature and Date

“Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

# CLAIM INFORMATION FORM

Name (Print Name Clearly):

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Mailing Address:

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Con Edison Account No.:

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Telephone: Daytime:

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Cell:

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Email Address:

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Please supply a clear and detailed incident description. Explain why you believe Con Edison is responsible for the loss.

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Please supply a clear and detailed description of the Loss and/or Damages (include copies of Repair Bills and/or Repair Estimates).

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Please describe injuries, if any:

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Are Lost Wages being claimed? (If so, supply employer's verification letter).

Have you submitted a claim to an insurance company or other party? (If so, supply the name of the insurance company and/or other party)

YES NO (select one choice)

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Were Police and/or Fire Dept. involved: ( if so, supply copy of the Police / Fire Report )

Weather Conditions at the time of the loss ( be specific )

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Was weather a factor with regard to the subject loss? Yes  No  \_\_\_\_\_

Supply witness name(s), address & phone number:

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You must "sign & date" this application ( unsigned / undated forms will be returned )

Claimant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME NY State Insurance Law Section 403(d)**