

General Liability Loss Claim Form



How it Works

These are the key steps involved when you submit a claim for property damage:

1. Start by taking photos of the property damage and retain receipts of any repairs
2. Complete your property damage claim below or online (eversource.com/damage-claim)
3. We will evaluate your claim and may contact you with questions
4. Results are sent to you by phone, email, or in writing – usually within 30 days
5. Settled claims are paid in actual cash value

How We Respond

Once we receive your completed claim form, we're responsible for determining negligence. Our claims process takes approximately 30 days to complete, but a more complex review may take longer.

During this review, we may contact you with follow up questions, interview employees or witness, or conduct a technical evaluation to determine:

- How the incident happened
- Whether or not Eversource caused the incident
- The extent of the damage

Once the review is complete, we will contact you with the status of your claim.

View our property damage frequently asked questions for all detailed requirements at [Eversource.com/damage-claim](https://eversource.com/damage-claim).

Terms

1. Submitting a form, does not guarantee payment. Eversource must review the information and complete an investigation.
2. Once our investigation is complete, we'll advise you of the status of your claim.
3. We will not reimburse for damages due to service interruptions caused by sudden equipment failure, storms, falling trees, weather, wind, lightning, animals, and motor vehicle accidents, or from causes beyond our control.
4. In cases where we acknowledge responsibility, claim payments will be made only to the properly identified owners of the damaged property. Payments will not be made to contractors or other agents of the customer engaged in the inspection or repair of damaged property.
5. Claims relating to damages, injuries, interruptions of service or voltage irregularities which result from acts of third parties, such as contractor dig ups or motor vehicle versus pole accidents are not paid by Eversource.
6. Claimants are required to provide itemized repair bills or repair estimates to support proof of damages and alleged losses. Photographs should be taken of all damaged property at the time event occurs or when discovered, and before items are discarded. A final decision will not be made until we receive bills and estimates. Proof requests are not an agreement to pay a claim.
7. We do not repair alleged damaged property of others nor inspect damaged appliances or goods for the purpose of determining the nature or extent of damage.

8. Inspections and repairs must be performed by contractors or agents of the claimant's choice. We do not recommend contractors or repair agencies.
9. We may inspect or appraise damaged property for the purpose of determining fair and reasonable value. Payments will be made based on actual cash value. Waiver of inspection does not constitute agreement as to the fair and reasonable value of the damaged property.
10. Claimants have a duty to limit damages and minimize losses. Damages arising from a claimant's failure to make repairs and minimize losses will not be reimbursed.
11. Eversource contractors are responsible for their own operations and carry mandatory liability insurance. Claims relating to contractor activities will be referred to the contractor and its insurer for processing. The claimant will be advised accordingly.
12. Claims for damages arising from interruption or irregularities in gas or electric service are considered under the terms and conditions of the Schedule for Electric/Gas Service which are on file with your state department of utilities.

Note: We encourage you to also notify your insurance carrier.

(continued)

General Liability Loss Claim Form

EVERSOURCE

Contact Information

First Name _____ Last Name _____

Phone Number _____ Email Address _____
(on account)

Eversource 11-digit Service Account Number _____

Eversource 11-digit Billing Account Number _____

(If you pay your landlord or someone other than Eversource for your electric service, you do not need to provide an account number)

Submit Form

Send this form by postal mail to:

Eversource Claims Department
PO Box 270
Hartford, CT 06141-0270

Service Address

Street Address _____

Apartment or Unit _____

City _____ State _____ ZIP Code _____

Incident Address (if different than Service Address)

Street Address _____

Apartment or Unit _____

City _____ State _____ ZIP Code _____

☐ Check here if Incident Address is the same as Service Address

Mailing Address (if different than Service Address)

Street Address _____

Apartment or Unit _____

City _____ State _____ ZIP Code _____

☐ Check here if Mailing Address is the same as Service Address

Service Details

Customer Type

☐ Gas

☐ Electric

☐ Water

Type of Claim

☒ Gas

☐ Electric

☐ Water

Enter multiple if applicable.

Enter only one Type of Claim.

(continued)

General Liability Loss Claim Form



Claim Information

Date of Incident _____ Approximate Time of Incident _____

Witnesses? ☐ Yes ☐ No Bodily

Type of Damage ☐ Property Damage ☐ Injury ☐ Auto *Select More than one if applicable*

Describe the event and associated damage in detail:

For Type of Claim - Property Damage *Only fill out these fields if Type of Claim includes 'Property Damage'*

DAMAGES **Please Include Age, Make, & Model	QUANTITY	REPAIR REPLACE	ORIGINAL DATE OF PURCHASE	REPLACEMENT COSTS

General Liability Loss Claim Form

EVERSOURCE

For Type of Claim - Bodily Injury

Name of person suffering injury _____

Injury description _____

Total amount of medical bills _____

For Type of Claim - Auto

Automobile Make _____

Model _____

Model Year _____

Amount of Claim _____

Witness Details (if applicable)

Name _____

Phone Number _____

Email _____

Street Address _____

Apartment or Unit _____

City _____ State _____ ZIP Code _____

Submit Form:

Send this form and supporting documentation by email to Claims@Eversource.com or postal mail to:

Eversource Claims Department

PO Box 270

Hartford, CT 06141-0270

Attestation Statement

☐ I agree that this claim is accurate and truthful to the best of my knowledge.
I understand that Eversource may contact me with questions prior to paying any claim.

Signature _____ Date Submitted _____