



Orange & Rockland

Orange and Rockland Utilities, Inc.
Rockland Electric Company

Claim Department
PO Box 1008
Spring Valley, NY 10977-9911
claims@oru.com
Fax: 914-925-9250

Claim Form

Your Name (Last Name, First Name), Mailing Address (House No. and Street, Town, State, Zip), Business Name (Business or Company Name), Your Contact Info. (Area Code, Best Contact Number, Alternate Telephone Number, Email), Account No. (Account Number), Location of Incident (Address, City, State), Date and Time of Loss (Date, Time), Weather Conditions (Rain, Wind, Lightning, Snow, Fair, Other), Loss is (Electric, Gas, Vehicle)

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of any company employees or contractors involved.

List the items damaged: YOU MUST INCLUDE MAKE, MODEL NUMBER and DATE OF ORIGINAL PURCHASE and PURCHASE PRICE. Enclose a written repair bill or estimate for each damaged item. If items are not repairable, enclose a statement from a repairman stating the cost to repair them would exceed the cost to replace them along with a copy of the original purchase receipt or a written estimate of the replacement cost. Depreciation is taken on replacement items. (Attach additional pages if necessary)

Demand Amount Sought \$

Have you made a claim for this loss against your insurance carrier? Yes No

If yes, please provide: INSURANCE COMPANY NAME: POLICY NUMBER:

Notice: Any person knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties. Submission of this form does not necessarily guarantee any payment.

I CERTIFY THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.

CLAIMANT'S SIGNATURE DATE