

NATIONAL GRID CLAIMS POLICY

National Grid-New England ("National Grid") maintains a claims call center at the following location and all claims correspondence should be returned to:

National Grid Claims Department
52 Second Avenue, Waltham, MA 02451
Telephone: (781) 466-5550

With the exception of certain weather related claims, each matter is investigated to determine underlying facts.

National Grid will not reimburse for losses sustained by its customers due to service interruptions induced by wind, ice, lightning, floods, and other major weather phenomena. Such claims are not individually investigated and are rejected under the premise that they are associated with events or conditions that are beyond the Company's control.

The Company will endeavor at all times to provide a regular and uninterrupted supply of service, but should it interrupt the supply of service for the purpose of making permanent or temporary repairs, changes or improvements in any part of its system or should the supply of service be interrupted or irregular or defective or fail from causes beyond its control, the Company will not be liable therefor.

In cases where National Grid does 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.

National Grid does not engage in the repair of property of others allegedly damaged due to its operations nor will it inspect damaged appliances or goods for the purpose of determining the nature or extent of damage. Such inspections and repairs must be performed by contractors, or agents of the claimant's choice. National Grid does not recommend contractors or repair agencies.

National Grid may inspect or appraise damaged property for the purpose of determining the fair and reasonable value thereof. Waiver of inspection does not constitute agreement as to the fair and reasonable value of the damaged property.

Every person sustaining damage to personal property is under the common law duty to limit those damages and minimize losses. Consequential damages arising from a claimant's failure to make repairs and minimize losses are not considered for reimbursement.

Spoiled food should not be held for inspection but should be inventoried and disposed of according to good sanitary practice.

Claimants are required to furnish original repair bills or repair estimates as supporting proof of damages and losses alleged. A final decision will not be rendered until such bills and estimates have been received by National Grid. Requests for such proof shall not be construed as an indication that National Grid is considering honoring a claim.

Customers are cautioned not to withhold payment of their gas bills pending a decision on claims for damages against National Grid. This practice could lead to a deterioration of the customer's credit rating and could ultimately result in a collection action including the discontinuance of service.

(OFFICE USE)

NATIONAL GRID CLAIMS APPLICATION

PLEASE READ BOTH SIDES OF THIS FORM BEFORE COMPLETING
(PLEASE PRINT)

YOUR
NAME

Mr.
Mrs.
Ms.

Last Name First Name Middle Initial

BUSINESS
NAME

Business or Company Name (If Applicable)

MAILING
ADDRESS

House No. and Street or Post Office Box No.

Owner
Tenant

City or Town State Zip Code

YOUR
TELEPHONE

(Area Code) Home Telephone Number (Area Code) Business Telephone Number

GAS ACCOUNT NO. _____

LOCATION OF
INCIDENT

City or Town Street and Cross Street

DATE AND
TIME OF LOSS

Date Time

LOSS IS RELATED TO:

Gas
Vehicle

WEATHER CONDITIONS

(Vehicle Claims Only) Rain Wind Lightning Snow Fair Other _____

Briefly describe the events causing the damage or loss. If known, include the names of National Grid employees or contractors involved.

List the items damaged: **YOU MUST INCLUDE MAKE, MODEL NUMBER and DATE OF ORIGINAL PURCHASE.** Please enclose original repair bills or repair estimates for this loss.

INSURANCE COMPANY NAME: _____ POLICY NO.: _____

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

CLAIMANT'S SIGNATURE

DATE