

nationalgrid

CLAIM POLICY

In acknowledgment of your claim for damages against **National Grid**, please complete, sign and return this form to
National Grid, 40 Sylvan Road, Waltham, MA 02451 781-907-3930
Attention: Claims Department.

PROVISION OF THIS FORM IS NOT AN AGREEMENT TO PAY FOR DAMAGES

Upon completion of our investigation and the return of this form, you will be contact by a National Grid Claim Representative. Should we not receive your completed form and proofs within 60 days, we will close our file.

National Grid will not reimburse for injuries, damages, or losses due to service interruptions or service defects (1) induced by wind, ice, lightning, floods, storms and other such phenomena; or (2) arising from causes beyond National Grid's control. 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,

With the exception of weather-related claims, each matter is investigated to determine underlying facts. In cases where National Grid acknowledges 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.

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 pole hits, are not paid by National Grid.

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. Requests for such proof shall not be construed as an agreement to pay a claim.

National Grid does not engage in the repair of property of others allegedly damaged due to its operation 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 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. Spoiled food, medicine or other perishable merchandise should not be held for inspection but should be inventoried, listed and disposed of according to good sanitary practice.

Claimants have a common law duty to limit damages and minimize losses. Damages arising from a claimant's failure to make repairs and minimize losses will not be reimbursed.

National Grid 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. National Grid will assist our customers in the resolution of contractor claims.

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 is on file with and approved by the Public Utilities Commission of the State of Massachusetts.

Customers are cautioned not to withhold payment of gas or electric bills pending a decision on claims filed. 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.



CLAIM FORM - NE Region, MA & RI Office
40 SYLVAN ROAD, WALTHAM, MA 02451 (781) 907-3930

PLEASE READ BOTH SIDES OF THIS CLAIMS FORM AND COMPLETE ALL SECTIONS (PLEASE PRINT LEGIBLY)
ALL FORMS MUST BE SIGNED AND DATED.

Your Name _____
Last Name First Name

Mr.
Mrs.
Ms.

Mailing Address _____
House No. and Street

Business Name _____
Town or Village State Zip
Business or Company Name (If Applicable)

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

Account No. _____
Account Number

Location of Incident _____
Town or Village Street and Cross Street

Date and Time of Loss _____
Date Time
Loss is Related to: Electric
Gas
Vehicle

Weather Conditions Rain Wind Lightning Snow Fair Other _____

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of National Grid 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.

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

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

FRAUD STATEMENT: 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.

CLAIMANT'S SIGNATURE _____

DATE _____