

Mail completed form to:  
 Claims Management Department  
 Entergy Services, Inc.  
 P.O. Box 2951  
 Beaumont, TX 77704

updated: 8/09/jlc

**PLEASE PRINT**

Name Mr./Mrs./Ms.		Spouse's Name			
Home Telephone ( )		Work Telephone ( )			
Mailing Address:	Street	Apt. #	City	State	Zip Code
Date of Incident	Time a.m./p.m.	Location of Incident:			
Description of Incident					

Items	Model/Serial #	Age	Repair Cost	Amount Claimed

Witnesses: (Name, Address, and Telephone )		Entergy employee ____ Other ____	
Have you contacted your insurance carrier? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Company and Agent	Telephone of Agent ( )	
I understand that Entergy Services, Inc. will review all documentation in support of the claim. I certify that the foregoing is true and correct			
Prepared By _____		Date _____	