

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

updated:12/18jlc

PLEASE PRINT

Last Name		First Name		Spouse's Name		
Best Contact Phone # ()				Alternate Phone # ()		
Mailing Address:		Street	Apt. #	City	State	Zip Code
Date of Incident		Time a.m./p.m.		Location of Incident:		
Energy Account #						
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, LLC will review all documentation in support of the claim. I certify that the foregoing is true and correct			
Prepared By _____		Date _____	