

DAMAGE CLAIM FORM

Keep this page for your information



1 To file a claim, complete **Page 2** of this form. The form must be signed by the person filing the claim.

2 Return the completed form to IPL within two (2) weeks of mailing date.

Include supporting documents, such as sales receipts, estimates, and invoices when submitting a claim for more than \$50.

3 Upon completion of your investigation, an IPL representative will contact you in writing or by phone.

Submit Form to:
Indianapolis Power & Light Company
Attn: Claims Division



Email: ipldamageclaims@aes.com
(preferred method)

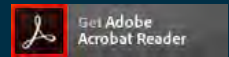


Fax: 317.261.5122



US Mail: 1230 W. Morris Street
Indianapolis, IN 46221

Download and complete the PDF application. For best results, open the PDF in [Adobe Reader](#) to fill out, print and save the form.



Have Questions?

Contact Claims Division
317.261.8300

Please note if you feel you have suffered a loss related to:

- **Tree Trimming:** Call 317.261.8128 (IPL does not remove storm debris)
- **Disconnecting or Reconnecting Service or Energy Programs :** Call Customer service at 317.261.8222

Damage that IPL will and will not cover

From time to time, forces of nature and other factors can interrupt service and cause damage to a home or business. Most commonly, damage is caused by storms, high winds and lightning or equipment failure. In these cases, IPL is not responsible for reimbursing a claim. In many instances, damage is more likely to be covered by a homeowners, business, or other type of insurance policy.

Please note, IPL is **not responsible** for any damage, loss or injury caused by:

- Accidents
- Breakdowns
- Loss or fluctuation of voltage, including single phasing
- Line failure
- Equipment failure
- Short circuits
- Explosion
- Riots
- Vandalism
- Nature (storms, lightning, animals, etc.)
- Fires
- Flood
- Strikes
- Any cause beyond the control of the Company

IPL evaluates claims on a case-by-case basis in a fair and professional manner. Determination of any compensatory award is based upon factual detail and in accordance with tariffs and guidelines on file with the Indiana Utility Regulatory Commission (IURC).

Continuity of Service (Rule 23.2 and Rule 24.2)

In our "Rates, Rules and Regulations for Electric Service" on file with the IURC, Rule 23.2 states: "...If the Customer is installing sensitive electronic equipment which requires a continuous power supply, it is his responsibility to provide for this need..." Rule 24.2 states: "The Company shall not be liable for damages resulting to the Customer, or to third persons, from the use of electricity, interruption of service or supply, or the presence of the Company's property on the Customer's premises, unless due to willful default or neglect on the part of the Company."

DAMAGE CLAIM FORM

Complete and return this page to IPL



Claimant Contact Information

Full Name: (Last, First, M.I.)		Date: (MM/DD/YYYY)
Mailing Address:		APT #:
City:	State:	Zip Code:
Primary Phone:	Alternate Phone:	
Email Address:		

Incident Data

Date: (MM/DD/YYYY)	Time:	IPL Account #:
Address of Incident:		APT #:
City:	State:	Zip Code:
Was an IPL Crew or contractor on site at the time of the alleged damage(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the claim related to: <input type="checkbox"/> Electrical Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Both
Describe what happened (Include as many details as possible - Truck No., Crew Name(s), Incident, etc.): If you require additional space, please attach a separate sheet.		

Supporting Documents for Damaged Items

For property damage losses, submit sales receipts, estimates and invoices. For business related losses, we may require additional documentation on a case-by-case basis. If submitting this form via email, please attach scanned copies of supporting documents.

Item	Model /Serial #s	Age	Value	Amount Claimed

Witness (if applicable)

Full Name: (Last, First, M.I.)		
Mailing Address:		APT #:
City:	State:	Zip Code:
Phone:	Email Address:	

By signing this form you understand that IPL reviews each claim on a case-by-case basis, our review is not an admission of liability or an indication that IPL is liable for your damages, and you are certifying that the information on this form is true and correct.

Claimant Signature:
(Type Full Name)

Date:

Save

Print

Submit

To Submit this form via Email

1. Please save the PDF to your computer (Save Button).
2. Print a copy for your records (Print Button).
3. Click Submit to email this PDF to ipldamageclaims@aes.com using your default email provider (Submit Button). Be sure to attach any supporting documents to the email.

