



Did you take any action to minimize the loss? Yes  No  (Explain)

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Were you on your premises at the time of loss? Yes  No

Have you called us for service within the past 12 months? Yes  No

If yes, list dates, office called and nature of call, name of Company employee talked to (if known)

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List items of damage: MUST INCLUDE MAKE, MODEL AND DATE OF PURCHASE.

**Please attach estimate of repair(s) and any picture(s) showing the damages.**

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Have you made a claim for this loss against your insurance carrier or others?

Insurance carrier  Others  (Explain)

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Name of your insurance carrier and policy number

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The claimant(s) acknowledge that they have read this claim form carefully, that they are the owners of the damaged property and the information provided is true and correct. It is understood that the company's request for this information is not an indication that the Company is honoring the claim.

### To submit your claim:

1. Save a copy of the completed form.
2. Then, email the completed form (as an attachment) to [newclaims@coned.com](mailto:newclaims@coned.com).

(Email submission for United States residents only)

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Signature and Date

"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."  
--NY State Insurance Law Section 403(d)