updated:12/18/jlc

## PLEASE PRINT

		PL	EASE PKI	NI				
Name M	Mr./Mrs./Ms.			Spouse's Name				
- ~ 71 "								
Best Contact Phone #			Altern	Alternate Phone #				
Mailing Address: Street A			(	) City		State	Zip Code	
Maining Address.	Succi		Арі. т	City		State	Zip Code	
- 07 11	<del></del>		<del></del>					
Date of Incident	Time			Location of Inci	dent:			
Entergy Account #			a.m./p.m.					
Description of Incident								
Description of meteon								
							ļ	
							!	
		_						
Items	Model/S	Serial #	Age	Rej	pair Cost	Amou	unt Claimed	
Items	Model/S	Serial #	Age	Rej	pair Cost	Amo	ınt Claimed	
Items	Model/S	Serial #	Age	Rep	oair Cost	Amor	unt Claimed	
Items	Model/S	Serial #	Age	Rep	pair Cost	Amou	unt Claimed	
Items	Model/S	Serial #	Age	Rep	pair Cost	Amoi	unt Claimed	
Items	Model/S	Serial#	Age	Rep	pair Cost	Amou	unt Claimed	
Items	Model/:	Serial#	Age	Rep	pair Cost	Amoi	unt Claimed	
Items	Model/s	Serial#	Age	Rej	pair Cost	Amor	unt Claimed	
Items	Model/s	Serial#	Age	Rep	pair Cost	Amor	unt Claimed	
Items	Model/:	Serial#	Age	Rep	pair Cost	Amor	unt Claimed	
Items	Model/s	Serial#	Age	Rep	pair Cost	Amor	unt Claimed	
Items	Model/:	Serial#	Age	Rep	pair Cost	Amor	unt Claimed	
Items	Model/:	Serial#	Age	Rep	pair Cost	Amor	unt Claimed	
		Serial#	Age	Rep				
Items  Witnesses: (Name, Address,		Serial#	Age	Rep		Amor		
		Serial#	Age	Rep				
Witnesses: (Name, Address,	and Telephone)				Entergy	employee _		
Witnesses: (Name, Address, a	and Telephone)		Age			employee _		
Witnesses: (Name, Address, a	and Telephone)	Name of Comp	pany and Agen	t	Entergy Telephone of A	employee _	Other	
Witnesses: (Name, Address, and Have you contacted your insured yes □ no I understand that Entergy Ser	and Telephone)	Name of Comp	pany and Agen	t	Entergy Telephone of A	employee _	Other	
Witnesses: (Name, Address, a	and Telephone)	Name of Comp	pany and Agen	t	Entergy Telephone of A	employee _	Other	
Witnesses: (Name, Address, and Have you contacted your insured yes □ no I understand that Entergy Ser	and Telephone) urance carrier? rvices, LLC. will	Name of Complete all docu	pany and Agent	t upport of the clai	Entergy Telephone of A	employee _ gent the foregoin	Other	