

**GREEN MOUNTAIN POWER CORPORATION
GENERAL LIABILITY CLAIM
CONFIDENTIAL**

GMP Account Number _____ GMP CLAIM # _____

CLAIMANT'S NAME _____ PHONE (HOME) _____

Mail Address _____ PHONE (Work) _____

ADDRESS OF INCIDENT _____ DATE _____ TIME _____

NAME AND ADDRESS OF LEGAL OWNER OF DAMAGED PROPERTY _____

WHAT IS THE DAMAGE? BE SPECIFIC _____

AMOUNT OF YOUR CLAIM \$ _____

DESCRIBE HOW THE INCIDENT OCCURRED _____

NAME AND ADDRESS OF WITNESSES _____

WAS ANYONE INJURED? _____ NAMES AND ADDRESSES - DESCRIBE INJURIES (use reverse side if necessary) _____

DOES THE ABOVE INFORMATION CONSTITUTE THE ENTIRE CLAIM RESULTING FROM THIS INCIDENT? IF NOT, EXPLAIN _____

WITNESS TO SIGNATURE _____ SIGNATURE _____

WITNESS' ADDRESS _____ DATE _____

GMP REPRESENTATIVE _____

PLEASE ATTACH: Estimates or repair bills and indicate approximate age of replaced equipment and other forms that might assist in evaluation of this claim. Please remit to: Green Mountain Power, Attn: Claims Dept, 2152 Post Rd, Rutland, VT 05701; or Claims@greenmountainpower.com or fax (802) 770-3498 PLEASE BE SURE TO FILL FORM OUT