



703 West Tudor Road, Suite 101 Anchorage, Alaska 99503

Phone (907) 771-5750 Fax (907) 561-6206

Susan Kosinski, Claims Manager

skosinski@alaskapower.org

## EQUIPMENT BREAKDOWN LOSS NOTIFICATION

### Insured Information

Named Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Loss Information

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location of Loss: \_\_\_\_\_

Cause of Loss: \_\_\_\_\_

### Equipment Information

Type of Equipment:

Engine \_\_\_\_\_ HP  Generator \_\_\_\_\_ KW  Transformer \_\_\_\_\_ KVA  Other \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Is it under warranty?  Yes  No

### Description of Damage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Loss? \_\_\_\_\_

### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

Reported By: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)