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Susan Kosinski, Claims Manager

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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

Alaska Statutes require that this notice be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

(Print Name)

(Signature)

(Date)