

This submission is an acknowledgement of your claim for damages against BGE PeakRewards. Please complete and submit the below information. Upon completion of this information, an investigation will be performed and you will be contacted by a BGE PeakRewards Claim representative.

\* required

Claim Information			
Account Number*	ZIP Code*		
Street Name*	Program		
First Name*	Last Name*		
Phone*			
Home Address*	City*	State*	ZIP*
Mailing Address	City	State	ZIP
Are you a Program Participant? *	Device Serial # for Claim		
Claim Category (pick one or more) * <input type="checkbox"/> High bill <input type="checkbox"/> HVAC Installation Invoice Repayment Request <input type="checkbox"/> Property Damage <input type="checkbox"/> Other _____	Brief Description: (Briefly describe the event(s) causing the damage/loss. If known, include the name of the BGE)		

Specific Items Damaged: (Including make, model, date of original purchase, purchase price.) \*

Have you made a claim for this loss with your insurance carrier?

Insurance Company Name	Policy Number
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I certify that the information provided in this claim is true and correct. I have read and understand the PeakRewards Terms and Conditions and agree to abide by these requirements.

Please return completed form to: BGE PeakRewards, P.O. Box 8, Columbia, MD 21045.

EmPOWER Maryland programs are funded by a charge on your energy bill. EmPOWER programs can help you reduce your energy consumption and save you money. To learn more about EmPOWER and how you can participate, go to [BGESmartEnergy.com](http://BGESmartEnergy.com)

PR-Claims-0419