

Dear Ameren Illinois Customer:

Please complete and return this form so we can investigate your claim under Section 16-125(e) or (f) of the Illinois Public Utilities Act (220 ILCS 5/16-125(e) and (f)). THIS FORM IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF AMEREN ILLINOIS COMPANY. Be as accurate and complete as possible, and attach any documentation that you have to support your claim and the damage amount. If you need additional space, use a separate piece of paper. We will conduct an impartial investigation and render a decision as quickly as possible. Please note that our investigation may include field inspections to verify damages claimed and to obtain such other proof as required by the circumstances of the case. We may need to examine damaged items while conducting our investigation, so please do not dispose of them (except spoiled food) until we have authorized you to do so. We will notify you when we reach a decision on your claim. If you choose not to accept our proposed administrative resolution of your claim, you may pursue a complaint by contacting the Illinois Commerce Commission's Consumer Services Division at 1-800-524-0795 (Monday thru Friday, 8:30 AM – 5:00 PM, except State and Federal holidays).

When completed, return the supporting documentation to:

**Brentwood Services Administrators, Inc.
PO Box 4605
Chesterfield, MO 63006-4605**



**CLAIM STATEMENT
FOR CLAIMS UNDER SECTION 16-125(e) or (f)
OF THE ILLINOIS PUBLIC UTILITIES ACT**

(office use)

**PLEASE READ CAREFULLY THE ATTACHED POLICY STATEMENT BEFORE
COMPLETING THIS CLAIM FORM.**

Mr. _____ Mrs. _____ Ms. _____

Name: _____

Owner _____ Tenant _____

Address: _____
Street

City State Zip Code

Telephone Number: (home) _____ (work) _____

Account Number: _____

Mailing address if other than above: _____
Street

City State Zip Code

Place of Incident: _____

Date of Loss: _____
Month Day Year Time

Describe the events causing the damage, include names of any Ameren employees and/or contractors involved.

OVER

Did you contact Ameren Illinois (prior to contacting the Claims Department) regarding the problem which resulted in your loss? _____Yes _____No

If yes, list date of call and identify with whom you spoke, if known.

List items damaged and provide related documentation as described below.

Food Spoilage. If your claim is for food spoilage, your supporting documentation should include an itemized list of spoiled items shown with the price of each and total for all items, and copies of receipts or canceled checks, and photos, if any.

Equipment or Property Damage. If your claim is for equipment or property repair, your supporting documentation should include copies of bills paid to have the property repaired, or in the event that you choose not to have the property repaired, a copy of a written estimate of the cost that would have been incurred if the property had been repaired. If an item is not repairable, you should state that information and your supporting documentation should include proof that a total loss of the property resulted.

Total amount of claim: \$ _____

Does this constitute the entire claim resulting from this incident? _____Yes _____No

Have you made a claim for this loss against your insurance carrier or others? _____ Yes _____ No

If Yes, _____ Insurance carrier _____ Other (explain)

Name of Insurance Company

Address

Phone No.

NOTE: PAID BILLS OR ESTIMATES MUST BE ATTACHED AND WILL NOT BE RETURNED. PLEASE KEEP A COPY FOR YOUR RECORDS.

The claimant(s) acknowledge that they have read this Claim Form carefully, that they are the owners of the damaged property, and the information provided is true and correct. It is understood that request for this information is not an indication that the Company is honoring the claim.

Signature

Date