



CLAIM FORM

Reporting Instructions:

1. Report to your insurance provider, if applicable, prior to reporting to Middlesex Water Company.
2. Complete Claim Form located on MWC's website at www.middlesexwater.com.
3. Submit Claim Form and supporting documents to: Middlesex Water Company, P.O. Box 1500, Iselin, NJ 08830, Attention: Claims Department.

- Middlesex Water Company
- Pinelands Water Company
- Pinelands Wastewater Company
- Southern Shores Water Company, LLC
- Tidewater Utilities, Inc.
- Tidewater Environmental Services, Inc.

- Twin Lakes Utilities, Inc.
- Utility Service Affiliates, Inc.
- Utility Service Affiliates (Avalon) Inc.
- Utility Service Affiliates (Perth Amboy) Inc.
- White Marsh Environmental Systems, Inc.

Name: _____ Owner Tenant
Last, First Mr. Mrs. Ms.

Address: _____
Number and Street

City, State, Zip

Mailing Address (if other than above)

Telephone No.: _____ Cell No.: _____

Email Address: _____ Bill Account No.: _____
(Found on bill, if applicable)

Date of Loss: _____ Time of Loss: _____

Location of Loss: _____

Loss is Related to: Property Damage Auto Damage Other (Explain below)

Weather Conditions: Rain Wind Lightning Snow Fair Other _____ (Explain)

Please provide a clear and detailed description of the incident, including the names of any Company employees and/or contractor(s) involved.

Did you take any action to minimize the loss? Yes No (Explain below)

Were you on your premises at the time of loss? Yes No N/A

Were Police and/or Fire Department involved? Yes No If so, supply copy of the Police/Fire Report.

Were there any witnesses? Yes No If so, supply witness name(s), address and telephone number below:

List Items of Damage: **Attach receipt(s), estimate(s), picture(s), contractor report(s), etc.**

Total Amount of Loss: \$ _____

Have you made a claim for this loss against your insurance carrier or other? Yes No N/A

Insurance Carrier Other _____ (Explain)

Name of your Insurance Carrier: _____

Policy No.: _____ Insurance Carrier Telephone No.: _____

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

Signature

Date

You must "sign & date" this Claim Form (unsigned/undated forms will be returned)

"Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

Questions: Please call 732-579-6817 or email at claims@middlesexwater.com