



P.O. Box 53999  
Phoenix, AZ 85072

Thank you for contacting the APS Claim Services Department. In order for us to investigate the matter you are reporting, we will require the following information and/or documentation:

- Claim Form - Please complete the attached form in its entirety and return it to **APS, Mail Station 9616, P.O. Box 53999, Phoenix, AZ 85072-3999, or email to [Claimservices@apsc.com](mailto:Claimservices@apsc.com)**. Also include an itemized list with photographs of the damaged items, including the make, model, purchase date, receipts, repair and/or replacement cost, if applicable.
- For any item with a claimed value in excess of \$100, a written, itemized repair estimate from a reputable and licensed repair person or company is required. If the item is not repairable, include written documentation from a reputable and licensed repair person or company indicating it as such and specifics surrounding the reason(s) it cannot be repaired.
- In the case of a claim for spoiled food, include an itemized list of the items lost, and individual values for each food item, with photographs and original purchase receipts or other proof of purchase.

**Please keep in mind that recovery under a liability claim is limited to actual cash value ("ACV").** ACV is the replacement cost of an item less depreciation or the current market value of an item. Many Homeowner Insurance policies offer replacement cost value ("RCV") coverage. RCV is usually defined in the policy as the cost to replace the damaged property with materials of like kind and quality, without any deduction for depreciation. **It may be in your best interest to consider pursuing payment from your insurer if it offers RCV.**

Upon receipt of the items noted above, we will conduct a thorough investigation that will enable us to make a fair assessment of your claim. APS reserves the right to inspect or have inspected on its behalf any item listed as damaged. Failure to provide a requested item for inspection may result in the denial of all or a portion of your claim.

We look forward to receiving your claim and documentation. If you have any questions regarding the forms or claims process, please feel free to contact us at (602) 250-3737.

Sincerely,

APS Claim Services



# CLAIM FORM

P.O. Box 53999  
Phoenix, AZ 85072

CUSTOMER ACCOUNT#:

## 1. PERSON OR COMPANY MAKING CLAIM

FULL NAME

COMPANY NAME (IF CLAIMANT IS A BUSINESS)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

EMAIL

PHONE

ARE YOU A TENANT?

YES  NO

FULL NAME OF SPOUSE

SPOUSE'S PHONE

## 2. DATE OF INCIDENT

DATE OF INCIDENT

TIME INCIDENT HAPPENED

AM  
 PM

LOCATION WHERE INCIDENT OCCURRED (STREET NUMBER, STREET NAME, CITY)

## 3. THE INCIDENT

INCIDENT CAUSED BY

PROPERTY DAMAGED

WAS ANYONE INJURED?

YES  NO

INCIDENT DETAILS

## 4. DESCRIPTION OF THE DAMAGE

(ATTACH REPAIR ESTIMATES, INVOICES OR PURCHASE RECEIPTS)

EQUIPMENT/APPLIANCE	NAME/MAKE	MODEL NUMBER	ORIGINAL PURCHASE DATE	REPAIR COST	*REPLACEMENT COST

OTHER PROPERTY DAMAGE?  YES  NO

(Enclose an itemized list of spoiled food items, individual value for each food item, photographs, original purchase receipts or other proof of purchase, etc.)

**\*On accepted claims, APS will pay the lesser of the reasonable repair cost or actual cash value (ACV) of any item. ACV is the replacement cost less depreciation.**

**\*\*We apologize for any inconvenience the storm may have caused but unfortunately, APS is unable to pay claims due to inclement weather as that is out of the company's control.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Completed form can be emailed with attachments to [CLAIMSERVICES@apsc.com](mailto:CLAIMSERVICES@apsc.com) or printed and mailed to Claim Services at P.O. Box 53999, Mail Station 9616, Phoenix, AZ 85072-3999