



## Commercial Claim for Perishable Merchandise

If you experienced a power outage that resulted from a failure in Con Edison's local distribution system that lasted for more than 12 hours within a 24-hour period:

- You may file a claim, up to a maximum of \$12,900 for actual losses of perishable merchandise spoiled due to lack of refrigeration by completing this form in its entirety, and providing additional proof as required below.
- Reimbursement is subject to verification and is governed by Con Edison's electric rate schedule.
- Claims for perishable merchandise spoilage **must include both** (1) an itemized list as set forth below, with all fields completed, and (2) proof of actual loss. Proof of loss must include legible receipts that identify the date of purchase and specific spoiled items purchased.
- Claims must be filed within 30 days of the date of the power outage.
- Reimbursement is limited to actual spoilage of perishable unconsumed/sold/used merchandise.
- Losses for damage to motors, equipment, or appliances are not reimbursable under the electric rate schedule.

**Claims for reimbursement for losses sustained as result of power outages caused by storms or other conditions beyond our control will not be paid.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Con Edison Commercial Account Number: - - - - -  
(15 DIGIT NUMBER LISTED ON YOUR BILL)

Date(s) of Outage: From: \_\_\_\_/\_\_\_\_, 20\_\_ Time: \_\_\_\_\_ To: \_\_\_\_/\_\_\_\_, 20\_\_ Time: \_\_\_\_\_  
MONTH/DAY/YEAR 00:00 AM/PM MONTH/DAY/YEAR 00:00 AM/PM

Please provide an itemized list of all spoiled refrigerated perishable merchandise with the following field information: type, quantity, and cost; also include all required and available documentation supporting the amount of the claim (e.g., receipts, invoices, etc.)

Total Amount of Loss: \$ \_\_\_\_\_.

Please allow 30 days for review and processing of claim.

I certify that all of the information provided on this claim form is true and accurate to the best of my knowledge and represents the actual losses sustained for spoiled merchandise that was not sold or consumed.

\_\_\_\_\_  
(SIGNATURE – UNSIGNED CLAIM FORMS WILL NOT BE PROCESSED) (DATE)

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Please save a copy and email this form to [Newclaims@coned.com](mailto:Newclaims@coned.com)

Email is the fastest way to get your claim processed. Please save a copy of this form and receipts and email this form to [Newclaims@coned.com](mailto:Newclaims@coned.com).

**Email Form to:**  
[Newclaims@coned.com](mailto:Newclaims@coned.com)

- OR -  
(but not both)

**Sign and Return Form to:**  
CON EDISON  
CLAIMS DEPARTMENT PO BOX 801  
NEW YORK, NY 10276