

AFFIDAVIT-LIGHTNING LOSSES
(Repairman or Appraiser)

Claims must be reported within 90 days.

Name of Insured _____

Address _____

Policy Number _____ Exp Date _____

1. Date of Loss _____ Time of Loss _____

2. Date reported for Repair _____

3. Fuses blown (if any) _____ Amperages of Fuses _____

4. List of damages by bolt of lightning _____

5. Description of damaged property

Make _____

Model _____

Serial Number _____

6. Age of equipment or parts damaged by lightning _____

7. State reasons why loss appeared to be a result of lightning

It is my firm conviction that this loss was a direct result of lightning and was not occasioned by low voltage, mechanical or electrical breakdown, wear and tear or because of a defect.

Signed _____ Date _____
(Insured)

Signed _____ Date _____
(Repairman or Licensed Electrician)

Address _____
