

AFFIDAVIT – LIGHTNING LOSSES

FILE #

DATE PREPARED

TO WHOM IT MAY CONCERN:

I INSPECTED/REPAIRED (ITEM DAMAGED)

MODEL NUMBER

SERIAL NUMBER

YEAR MODEL

DATE OF PURCHASE

PURCHASE PRICE

SIZE

PLACE PURCHASED

OWNED BY (NAME OF INSURED)

ADDRESS

DATE OF LOSS

TIME OF LOSS

ARE DAMAGED ITEM(S) AVAILABLE FOR INSPECTION? YES NO IF YES WHEN, IF NO WHY NOT.

THIS DAMAGE WAS DUE TO LIGHTNING BECAUSE (DESCRIBE NATURE AND ITEMS OF DAMAGE)

THIS DAMAGE WAS NOT DUE TO LIGHTNING BUT DUE TO

THE COST TO REPAIR DAMAGE CAUSED BY LIGHTNING WILL BE

INSPECTOR/REPAIRER'S NAME

TELEPHONE NUMBER

FIRM NAME

LICENSE NUMBER

FIRM ADDRESS