

AFFIDAVIT – LIGHTNING LOSSES

Date _____

TO WHOM IT MAY CONCERN:

Insured's Name _____

Claim # _____ Policy # _____

I inspected/repaired (item damaged) _____

Model No. _____ Serial No. _____ 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? _____ If yes, where? _____

If no, why not? _____

Was this damage solely due to lightning? _____

Additional Comments: _____

Repairer's name _____

Firm name _____

Firm address _____

County of _____

State of _____

Acknowledged before me by the above named

on this _____ day of _____, 20__

(Seal) Notary Public