



Lightning Loss Affidavit

This affidavit is required for lightning loss claims

(Inspector)

Name of Insured: _____

Address: _____

Policy Number: _____

- 1. Date of loss: _____
- 2. Date reported for repair: _____
- 3. Fuses blown (if any): _____
- 4. List of damages by bolt of lightning: _____

5. Description of damaged property

Make: _____

Model: _____

Serial Number: _____

6. Are the damaged parts available for inspection of testing? Yes No

7. Age of equipment or parts damaged by lightning: _____

8. State reasoning as to 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, war and tear, or because of a defect.

Signature of Insured: _____ Date: _____

Signature of Inspector: _____ Date: _____

Printed Name of Inspector: _____

Company: _____

Please direct any questions to 800-444-3584