



AFFIDAVIT - LIGHTNING LOSSES

Name of Claimant	Claim Number	
Address	City	State Zip

1. Date of Loss	2. Time of Loss	<input type="checkbox"/> AM <input type="checkbox"/> PM	3. Were Fuses Blown	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amperage of Fuses
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4. State reasons why loss appeared to be a result of lightning:

5. List all items damaged by bolt of lightning

Description of Damaged Item (Include Model & Serial Number)	Manufacturer	Grounded or Lightning Arrestor?	Litmus Paper Test Made?	Smell Acidity?	Age of Item	Original Purchase Price	Cost to Repair
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$

Name of Repairman or Electrician			
Company Name			
Address	City	State	Zip
Telephone Number () -	Fax Number () -		

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and the denial of insurance benefits.

It is my firm conviction that this loss was a result of lightning and was not occasioned by low voltage, mechanical breakdown or because of a defect in the appliance.

Signature
of Repairman

Witness

Date