

### AFFIDAVIT—LIGHTNING LOSSES

Date \_\_\_\_\_

TO WHOM IT MAY CONCERN:

Insured's Name \_\_\_\_\_

Claim No. \_\_\_\_\_ Policy No. \_\_\_\_\_

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