



Lightning Losses Affidavit

Date _____

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 _____ AM

Are damaged item(s) available for inspection? _____ If yes, where? _____ PM

If not, why? _____

This damage was solely due to lightning and no other cause whatever because _____

Repairer's Signature _____

Repairer's Name (please print legibly) _____

Firm Name _____

Firm Address Street _____ City _____ State _____

Signed in the presence of: _____ Date _____

Agency Representative's Signature _____

Representative's Name (please print legibly) _____ email address _____

Agency _____ Title _____ Phone _____

Address Street _____ City _____ State _____