

Lightning Loss Affidavit

(Single Item)

Claim Number: _____

Loss Date: _____

TO WHOM IT MAY CONCERN:

I inspected/repaired (Item damaged): _____

Model #: _____ Serial #: _____

Model Year: _____ Date Purchased: _____

Purchase Price \$: _____ Size: _____

Place Purchased: _____

Owned By (Name of Insured): _____

Address: _____

Date of Loss: _____ Time of Loss: _____

Are the damaged item(s) available for inspection? (Please circle) Yes or No

If **yes**, location to inspect: _____

If **no**, why not? _____

This damage was solely due to lightning and no other cause whatsoever because:

If the unit can be repaired, what is the total bill, including parts and labor? _____

(Please attach an itemized estimate)

What would be a comparable replacement of this unit? _____

Repairer's name: _____

Company name: _____

Company address: _____

Repairer's Signature: _____

Witness:

Print Name

Signature

Date

Notary:

State of _____; County of _____;

SS on this _____ day, 20____, before me appeared _____

Who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires