

AFFIDAVIT - LIGHTNING LOSS

INSURED		CLAIM NO.	
ADDRESS	CITY	STATE	ZIP CODE
1. Date of Loss	2. Time of Loss	A.M. P.M.	3. Were Fuses Blown <input type="checkbox"/> Yes <input type="checkbox"/> No
4. List all items damaged by lightning		Age	Amperage of fuses
A. _____	A. _____	A. _____	
B. _____	B. _____	B. _____	
C. _____	C. _____	C. _____	
D. _____	D. _____	D. _____	
5. Were any damaged items financed? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Item grounded or lightning arrestor	
7. List items financed			
8. State reason why loss appeared to be result of lightning.			
9. Litmus paper test made <input type="checkbox"/> Yes <input type="checkbox"/> No		Smell acidity <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. By whom is power furnished (Company)		11. Approximate dates of previous losses	

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.

Signed (Repairman or Licensed Electrician)		License No.
Address		Phone No.
Witness		

On this _____ day of _____, 20____, before me personally came _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he thereupon duly acknowledged to me that he executed same.

“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.” FLORIDA STATUTE 817.234

Notary Public

My Commission expires _____, 20_____.