

LIGHTNING AFFIDAVIT

Agy - Div - Loc - Item _____ Dorm Claim # PR- _____

I inspected/repaired (Item Damaged) _____

Model _____ Serial _____ Year/Model _____

Date of Purchase _____ Purchase Price _____ Size _____

Place Purchased _____

Address _____

Date of Loss _____ Time of Loss _____

Are damaged item(s) available for inspection by adjuster? _____

If yes, where? _____

If not, why not? _____

Is there any core or salvage value to the parts? _____ How much? _____

If not, Why not? _____

UPGRADES? Yes or No (Circle One) VALUE OF UPGRADE (Labor and Materials)\$ _____

Was the damage caused by lightning? _____ YES _____ NO

If No, what was the cause? _____

Statement: This damage was solely caused by lightning and no other cause whatever because _____

Date _____ Repairer's Signature _____

Company Name _____

Company Address _____

County of _____ State of _____

Witness of Repairer's Signature _____ Date _____

(A Notary Public signature will not be required)