

AFFIDAVIT-LIGHTNING LOSSES

Date: _____

TO WHOM IT MAY CONCERN:

I inspected/repaired (Item damaged): _____ Model Nbr: _____

Serial Nbr: _____ Model Year: _____

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, location? _____

If no, why not? _____

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

Repairer's name: _____

Firm name: _____

Firm address: _____

Repairer's Signature: _____

WITNESS:

SIGNATURE(S):

Witness

Signature

Date

Signature

NOTARY: State of _____; County of _____; SS

On this _____ day of _____, 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