

CLAIM # _____

INSURANCE COMPANY FOR INSURED

AFFIDAVIT

LIGHTNING/POWER SURGE LOSSES

Name of Policyholder _____

Address of policyholder _____

1-Date of Loss _____ 2-Time of Loss _____ A.M.
P.M.

3-Were fuses blown _____ 4-Amperage of fuses _____

5-List all damage as a result of lightning/power surge _____

6-Manufacturer's name _____

7-Age of appliance damaged _____

8-Item grounded or lightning arrestor _____

9-State reasons why loss appeared to be a result of lightning
or power surge. _____

10-Litmus paper test made? _____ 11-Smell Acidity? _____

12-By whom is power furnished (company) _____

13-List approximate dates of previous loss (if any). _____

IT IS MY FIRM CONVICTION THAT THIS LOSS WAS A RESULT OF LIGHTNING
AND/OR POWER SURGE AND WAS NOT OCCASIONED BY LOW VOLTAGE, MECHAN-
ICAL BREAKDOWN OR DUE TO A DEFECT IN THE APPLIANCE.

SIGNED _____
Repairman or Licensed Electrician

BUSINESS NAME _____

ADDRESS _____

