**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)