

Diversified**Agrisurance**Company

LIGHTNING LOSS AFFIDAVIT

* * * This affidavit is required for lightning loss claims * * *

(Repairman or Appraiser)

Name of Insured _____

Address _____

Policy Number _____

1. Date of loss _____

2. Date reported for repair _____

3. Fuses blown (if any) _____

4. List of damages by bolt of lightning _____

5. Description of damaged property

 Make _____

 Model _____

 Serial Number _____

6. Are the damaged parts available for inspection or testing? Yes No

7. Age of equipment or parts damaged by lightning _____

8. State reasons why loss appeared to be a result of lightning

It is my firm conviction that this loss was a direct result of lightning and was not occasioned by low voltage, mechanical or electrical breakdown, wear and tear or because of a defect.

Signature of Insured: _____ Date _____

Signature of Inspector: _____ Date _____

Printed Name of Inspector: _____

Company: _____

PLEASE DIRECT ANY QUESTIONS TO 800.444.3584

This affidavit must be completed and signed