

**INSURED'S STATEMENT AND CLAIM FORM FOR LIGHTNING LOSS**

(Please answer ALL questions)

Claim Number **770226**

NAME OF OWNER \_\_\_\_\_ DATE/LOSS \_\_\_\_\_

ADDRESS \_\_\_\_\_ TIME/LOSS \_\_\_\_\_

WERE FUSES BLOWN \_\_\_\_\_ AMPERAGE OF FUSES \_\_\_\_\_

LIST ALL DAMAGED BY BOLT OF LIGHTNING \_\_\_\_\_

MANUFACTURER'S NAME \_\_\_\_\_

ITEM GROUNDED OR LIGHTNING ARRESTOR? \_\_\_\_\_

STATE REASONS WHY LOSS APPEARED TO BE A RESULT OF LIGHTNING: \_\_\_\_\_

LITMUS PAPER TEST MADE? \_\_\_\_\_ SMELL ACIDITY? \_\_\_\_\_

BY WHOM IS POWER FURNISHED? (COMPANY) \_\_\_\_\_

APPROXIMATE DATE OF PREVIOUS LOSSES \_\_\_\_\_

AGE OF APPLIANCE DAMAGED BY LIGHTNING \_\_\_\_\_

It is my firm conviction that this loss was a result of lightning and was not caused by low voltage, mechanical breakdown or because of a defect in the appliance.

(SIGNED) \_\_\_\_\_  
Repairperson or licensed electrician

(ADDRESS) \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_ by \_\_\_\_\_ who produced \_\_\_\_\_  
as identification or who is personally known to me.

\_\_\_\_\_  
NOTARY

(SEAL.)

MY COMMISSION EXPIRES \_\_\_\_\_

"Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree."