

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\*\*\*