

AFFIDAVIT - LIGHTNING/WINDSTORM LOSSES		FILE #
		DATE PREPARED
TO WHOM IT MAY CONCERN:		
I INSPECTED/REPAIRED (ITEM DAMAGED)		
MODEL NUMBER	SERIAL NUMBER	YEAR MODEL
DATE OF PURCHASE	PURCHASE PRICE	SIZE
PLACE PURCHASED		
OWNED BY (NAME OF INSURED)		
ADDRESS		
DATE OF LOSS	TIME OF LOSS	
ARE DAMAGED ITEM(S) AVAILABLE FOR INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES WHEN, IF NO WHY NOT.		
THIS DAMAGE WAS DUE TO LIGHTNING/WINDSTORM BECAUSE (DESCRIBE NATURE AND ITEMS OF DAMAGE)		
THIS DAMAGE WAS NOT DUE TO LIGHTNING/WINDSTORM, BUT DUE TO:		
THE COST TO REPAIR DAMAGE CAUSED BY LIGHTNING/WINDSTORM WILL BE:		
Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.		
INSPECTOR/REPAIRER'S NAME:		TELEPHONE NUMBER:
FIRM NAME		LICENSE NUMBER
FIRM ADDRESS		