



Trust • Excellence • Service

DEPARTMENT OF ADMINISTRATIVE SERVICES

LIGHTNING AFFIDAVIT

Insured Agency/Department _____ Address _____

1. Date of Loss _____ 2. Time of Loss _____ [] am [] pm

3. Were fuses blown or circuit breaker thrown? _____
Amperage of fuses? _____

4. List all damages caused by lightning: _____

5. Items Involved: _____

6. Manufacture's Name _____

7. Age of appliance(s) _____

8. Item grounded or lightning arrestor? _____

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

10. Litmus paper test made? _____ Smell Acidity? _____

11. Name and address of power company furnishing electricity? _____

12. Approximate date of previous lightning losses. _____

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

Signed: _____
Licensed Electrician Date

Address: _____

Notary: State of Georgia, County of _____.

This _____ day of _____ subscribed before me this Date and year set out.