



ELECTRICAL AFFIDAVIT

Date: _____

Insured Name: _____

Insured Address: _____

State: _____ Zip Code: _____

Item inspected for cause/repair and/or replacement determination:

General Description: _____

Year Manufactured: _____

Model #: _____

Serial Number: _____

(If this is a PC, please provide all system specification details on the reverse side of this form.)

Check one statement below:

- There is no evidence of lightning/power surge damage.
- While there is no evidence of direct lightning damage, evidence of a power surge was identified and it is probable that lightning contributed to damage. I will keep the damaged parts for a period of 45 days for inspection.
- There is evidence of lightning damage. I will keep the damaged parts for a period of 45 days for inspection.
- There is evidence of power surge damage. I will keep the damaged parts for a period of 45 days for inspection.
- There is no evidence of other damage.
- There is no evidence to assist us with determining the cause of the damages.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

Check one statement below:

- This item can be repaired. Estimate attached.
- This item can not be repaired.

Please attach a detailed repair estimate and replacement quote for this item.

Repairman: _____

Company: _____

Company Address: _____

Phone: _____ Email: _____

Number of years you have been evaluating electrical items and damages and causes: _____

Repairman Signature

Insured Signature