

# LIGHTNING LOSS VERIFICATION

DATE \_\_\_\_\_

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? \_\_\_\_\_ If yes, where \_\_\_\_\_

\_\_\_\_\_

If no, why not \_\_\_\_\_

\_\_\_\_\_

This damage was solely due to lightning and no other cause because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repairer's name \_\_\_\_\_

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**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.**