

COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES

Lightning Loss Verification

Date (mm/dd/yyyy)

To Whom it may concern:I inspected / repaired
(Item damaged)

Model #	Serial #	Year Model
Date of Purchase	Purchase Price	Size

*Place purchased*Owned By
(name of insured)

Address

Date of Loss	Time of Loss
(mm/dd/yyyy)	

Are damaged item(s) available for inspection?	If yes, where?
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If not, why not?

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

Repairer's Name

Firm Name

Firm Address

Phone #

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person who 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 act, which is a crime.