

COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES

Lightning Loss Verification

Date (mm/dd/yyyy)

Print the form for completion by the Inspector/Repairer, who will then return to the State Agency contact.

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 (mm/dd/yyyy) Time of Loss

Are damaged item(s) available for inspection? If yes, where?

If not, why not?

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

Inspector/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.