

LIGHTNING LOSS AFFIDAVIT

TO: RVOS Farm Mutual Insurance Company
P.O. Box 6106
Temple, TX 76503

DATE: _____

Name of Insured _____

Address _____

I have inspected/repared the following item (specify) _____

Model No. _____ Serial No. _____ Size _____ Year _____

Are damaged items or parts available for inspection? () Yes () No

If in your professional opinion all or part of the repairs represented on the attached bill or estimate were caused solely by lightning, please describe what evidence of lightning was found: _____

If the item is beyond repair, what damaged parts lead you to believe the item was beyond repair?

Estimate of Damage:

Parts: _____

Parts: _____

Parts: _____

Parts: _____

Labor: _____

Inspection Fee: _____

Tax: _____

TOTAL: _____

In my professional opinion, the above amount or attached estimate/repair bill, is solely due to lightning, and no other cause is \$ _____.

Amount of loss that cannot be established to have been caused by lightning is \$ _____.

In my opinion the salvage value is \$ _____.

Firm Name _____

Address _____

Phone # _____

Repairman _____

Signature of repairman