Lake County Property Damage- Lightning Loss Affidavit

Lake County Board of County Commissioners

This report must be completed by a certified electrician.

Report must include **FULL** details concerning the lightning incident.

Date of Inspection		
Name of Inspector/Repairer	**Name of Contractor**	
Address, State, County of Contractor		
Model Number	**Serial Number**	**Model Year**
Date of Purchase	**Price**	**Size**
Place Purchased	**Owned by**	**Address**
Date of Loss	**Time of Loss**	

Are damaged item(s) available for inspection?

Yes ☐ **No** ☐ **If yes, where?**

Check one of the below:

(a) ☐ Definitely not caused by lightning.

(b) ☐ There is no evidence of lightning damage.

(c) ☐ While there is no evidence of any direct lightning strike, a power surge caused indirectly by lightning, damaged the items listed. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.

(d) ☐ There is no doubt lightning caused this loss. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.

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 OF THE THIRD DEGREE.

_____

Inspector/Repairer's Signature

Acknowledged before me by the above named on this ____ of ____, ____.
Day Month Year

(Seal) Notary Public

Send original report to the Office of Employee Services & Quality Improvement,
315 W. Main St, Admin. Building, Rm. 430 / Tavares, FL 32778.

Revised 1/6/2009