

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Administered by HomeFirst Agency, Inc., PO Box 9770, Maryville, TN 37802
(865) 380-3134 / (800) 804-9389

SWORN AFFIDAVIT FOR LIGHTNING/POWER SURGE LOSSES

Insured to Complete

Date: _____ Policy No: _____

Owned by (Name of Insured): _____

Address: _____

Description of item(s): _____

Date of Purchase: _____ Place of Purchase: _____

Purchase Price: _____ Date of Loss: _____

Time of Loss: _____ Cause of Loss: _____

Are damaged item(s) available for inspection? _____

If yes, where: _____

If no, why not: _____

Signature: _____ Date: _____

NOTE: TO THE INSURED OR REPAIRER - RETAIN DAMAGED ITEM(S) FOR INSPECTION BY COMPANY.

Service Company to Complete

Repairer's Name: _____ Phone #: _____

Firm Name: _____ Phone #: _____

Address: _____

Description of item(s): _____

Model #: _____ Serial #: _____ Year Model: _____

Condition of item(s): _____ Estimated Value: _____

Damage was solely due to _____ and no other cause whatsoever.

Path of entrance _____ causing damage to (list parts
in order of damage): _____

Exit path (describe): _____

Was damage caused by a direct hit or surge? Explain: _____

Opinion as to why this unit was hit: _____

Signed (repairer)

X _____

State of _____ County of _____

Subscribed and sworn before me this _____ day of _____

NOTARY PUBLIC

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