



Electrical Affidavit

1202 SE 1st Street
P.O. Box 968
Concordia, MO 64020
(660) 463-2223 (Phone)
(660) 463-2766 (Fax)

Insured's name and address: \_\_\_\_\_
Date: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Item inspected for cause/repair&/or replacement determination:

General Description: \_\_\_\_\_
Year Manufactured: \_\_\_\_\_
Model #: \_\_\_\_\_ Size: \_\_\_\_\_
Serial Number: \_\_\_\_\_

(If this is a PC, please provide all system specification details on the reverse side of this form.)

Check one statement below:

- There is no evidence of lightning/power surge damage.
While there is no evidence of direct lightning damage, evidence of a power surge was identified and it is probable that lightning contributed to damage. I will keep the damaged parts for a period of 45 days for inspection.
There is evidence of lightning damage. I will keep the damaged parts for a period of 45 days for inspection.
There is evidence of power surge damage. I will keep the damaged parts for a period of 45 days for inspection.
There is evidence of other damage..
There is no evidence to assist us with determining the cause of the damages.

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.

Check one statement below:

- This item can be repaired. Estimate attached.
This item can not be repaired.

Please attach a detailed repair estimate and replacement quote for this item.

Name of Repairman: \_\_\_\_\_
Company: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_
Fax: \_\_\_\_\_
E-mail: \_\_\_\_\_

Number of years you have been evaluating electrical items and damages and causes: \_\_\_\_\_

Signature of Repairman

Signature of Insured

This Affidavit will not be accepted without the signature of a Repairman.