



SOUTH CAROLINA  
ASSOCIATION OF COUNTIES

## Risk Management Services Property Program Lightning Affidavit

Insured Agency/Department \_\_\_\_\_ Address \_\_\_\_\_

1. Date of Loss \_\_\_\_\_ 2. Time of Loss \_\_\_\_\_ [ ] am [ ] pm

3. Were fuses blown or circuit breaker thrown? \_\_\_\_\_  
Amperage of fuses? \_\_\_\_\_

4. List all damages caused by lightning: \_\_\_\_\_  
\_\_\_\_\_

5. Items Involved: \_\_\_\_\_  
\_\_\_\_\_

6. Manufacturer's Name \_\_\_\_\_

7. Age of appliance(s) \_\_\_\_\_

8. Item grounded or lightning arrestor? \_\_\_\_\_

9. State reasons why loss appeared to be a result of lightning. \_\_\_\_\_  
\_\_\_\_\_

10. Litmus paper test made? \_\_\_\_\_ Smell Acidity? \_\_\_\_\_

11. Name and address of power company furnishing electricity? \_\_\_\_\_  
\_\_\_\_\_

12. Approximate date of previous lightning losses. \_\_\_\_\_

It is my firm conviction that this loss was a result of lightning and was not occasioned by low voltage, mechanical breakdown, or a defect in the appliance.

Signed: \_\_\_\_\_  
Licensed Electrician Date

Address: \_\_\_\_\_

Notary: State of South Carolina, \_\_\_\_\_ County.

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ by the affiant, who personally appeared before me.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires