

New Kent County Property Loss Notice Form

Reported by _____ Dept. _____ Date Reported _____

Date of Occurrence _____ Time of Occurrence _____ A.M. ____ P.M. ____

Has Occurrence Previously Been Reported? ____ Yes ____ No

Location of Occurrence _____

Address Line 1 _____

Address Line 2 _____

Were the Police Notified? ____ Yes ____ No _____ Department

Was a Fire Department Notified? ____ Yes ____ No _____ Department

Type of loss: ____ Fire ____ Flood ____ Hail ____ Lightning* ____ Theft ____ Vehicle ____ Wind

____ Other (Provide description) _____

**Repairer of damage must complete the attached VML Insurance Programs Lightning Affidavit*

Estimated amount of damage/loss: \$ _____

Description of damage and loss:

Were there any injuries? ____ Yes ____ No

(If yes, all workers compensation claims should be reported to New Kent County Human Resources Department)

Please submit form to Financial Services:

Shannon Walton

shwalton@newkent-va.us

VML Insurance Programs
P. O. Box 3239
Glen Allen, VA 23058
(800) 963-6800 or (804) 273-0038

LIGHTNING AFFIDAVIT

This form must be completed by the repairer and returned to us with the repairer's invoice showing the date and work done.

Member No./Name _____

Claim No. _____

EQUIPMENT DESCRIPTION

Type of Equipment _____

Number of Units Involved _____ Make _____ Model _____

Capacity _____ Age _____ Location _____

Used for _____

DETAILS OF LOSS

Date of Loss _____ Weather Conditions _____

How verified? _____

Damage due to: Surge Direct Hit Other, Explain _____

Did unit single phase? _____

Why is damage believed to have been caused by lightning? _____

Extent of damage (motor, coils, compressor, casing, etc.)? _____

Electrical service entrance (overhead, underground) _____

Was primary, secondary or building lightning protection provided? Yes No
Explain _____

Other lightning damage in the area _____

Elevation of structure and topography _____

Type overcurrent protection _____

Previous lightning losses/last maintenance _____

I believe the above to be true to the best of my knowledge:

Repairer's Signature _____ Date _____

Address _____