



New Kent County Lightning Affidavit

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

Member No./Name: **0017 – NEW KENT COUNTY**

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 be 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 below)

Other lightning damage in the area: _____

Elevation of structure and topography: _____

Type of overcurrent protection: _____

Previous lightning losses/last maintenance: _____

Disclaimer and Signature

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

Repairer's Signature: _____ Date: _____

Address: _____