

**LIGHTNING LOSS AFFIDAVIT**

CLAIMANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return completed form to:  
Office of Risk Management (HCS)  
*Email: [ryler@horrycountyschools.net](mailto:ryler@horrycountyschools.net)*  
CLAIM #: \_\_\_\_\_

1. Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_
2. Were the fuses blown? \_\_\_\_\_ Amperage of fuse \_\_\_\_\_
3. List all articles damaged by bolt of lightning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Manufacturer's Name \_\_\_\_\_
5. Item grounded or lightning arrestor \_\_\_\_\_
6. State reason why loss appears to be the result of lightning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Litmus paper test made: Yes  No       Smell Acidity: Yes  No
8. Power Company provider name \_\_\_\_\_
9. Approximate dates of previous losses \_\_\_\_\_
10. Age of equipment damaged by lightning \_\_\_\_\_

It is my firm conviction that this loss was a result of lightning and was not occasioned by low voltage, mechanical breakdown or because of a defect in the equipment. All equipment will be held for 60 days for inspection.

Signed: \_\_\_\_\_  
(Repairer or Licensed Electrician)  
Address: \_\_\_\_\_

Witness: \_\_\_\_\_ on This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me personally come \_\_\_\_\_, to me and known to me to be the individual described in and who executed the foregoing instrument and he/she thereupon duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_, 20\_\_\_\_\_