



Lightning Statement

State National Fire Insurance
Home Office: Shreveport, Louisiana

P.O. Box 55
Shreveport, LA 71161
(800) 234-0183 • FAX: (318) 222-0571

Insured's Name (Last, First, MI) _____

Address _____

Street

City

State

Zip Code

Agency Name	Date of Birth	Social Security Number	Policy Number

COMPANY STATEMENT: This policy will cover lightning damage only when there are visible signs of entry to an Insured's property, and damage results from entry.

The policy does not cover electrical surges and will not pay for damages to any property resulting from electrical surges or any maintenance problems.

TO BE COMPLETED BY LICENSED ELECTRICIAN OR REPAIRMAN

1. How did lightning enter the dwelling? _____

2. What damage was done as a result of this entry? _____

3. Describe articles that are damaged.

A: Item _____

B: Serial Number _____

C: Model Number _____

D: Year _____

4. What is the extent of the damage to these articles? _____

5. Can these articles be repaired? Yes No

6. If yes, what is the cost of repair? _____

7. Could damage have occurred from low voltage? Yes No _____

8. If there is no evidence of direct lightning damage, how, in your opinion, did this loss occur? _____

9. Are parts available for inspection? Yes No _____

Date _____ Signature _____ License Number _____

Electrician/Repairman

Company Name _____

Address _____

Street

City

State

Zip Code

Telephone Number (_____) _____

FRAUD STATEMENT:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Electrician or Repairman

Date