

# Lightning Statement



State National Fire Insurance  
Home Office: Baton Rouge, Louisiana

Administrative Service Office  
630 Village Lane North  
Mandeville, LA 70471-2946  
(800) 234-0183 • FAX: (985) 624-8892

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. Could damage have occurred from a high voltage surge?  Yes  No \_\_\_\_\_

6. Could damage have occurred from low voltage?  Yes  No \_\_\_\_\_

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

8. 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.**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_