



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT TRUST FUND

STATEMENT – LIGHTNING LOSSES

***Note- A separate statement is required for each building.**

Certificate #: _____		*Building #: _____	Building Name: _____
Date of Loss: _____		Time of Loss: _____	
List all equipment damaged by this strike: _____ _____			
Was a lightning protection system or arrestor system in place? _____ Was it damaged? _____ explain _____			
State Physical Evidence or Reasons Why Loss Appeared to be Result of Lightning: _____			
Attach Photo of Physical Evidence Showing Lightning Damage.			
Approximate Date of Previous Lightning Losses: _____			
It is my firm conviction that this loss was a result of lightning and was not occasioned by low voltage, a power surge, a mechanical breakdown or because of a defect in the equipment.			
Repairman or Licensed Electrician		Date	
_____		_____	
Print Name/Title		Phone	
_____		_____	