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 lighting 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**
_____	_____

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