



Alabama Municipal Insurance Corporation

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www.AMICentral.org

EQUIPMENT FAILURE AFFIDAVIT

File #: _____ Name of Claimant: _____

Address: _____

1. Date of Loss: ____/____/____
2. Time of Loss: _____ a.m. OR _____ p.m.
3. Were fuses blown or circuit breakers thrown? _____
Amperage of fuses: _____
4. Items involved: _____
5. Manufacturer's Name: _____
6. Age of equipment: _____
7. Item grounded or lightning arrestor? _____
8. State proximate cause of equipment failure: _____
Estimated cost to repair: \$ _____
Replacement Cost: \$ _____
9. Name of Power Company furnishing electricity: _____
Address: _____
10. Approximate date of previous lightning losses: ____/____/____
11. Litmus paper test made? YES NO Smell acidity? YES NO

Signature: _____
Repairman or Licensed Electrician Date

Address: _____