



# Alabama Municipal Insurance Corporation

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[www.AMICentral.org](http://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: \_\_\_\_\_