

**Affidavit of Inspection
for Risk Management Division
85 State House Station
Augusta, ME 04333
1-800-525-1252**

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PLEASE PRINT OR TYPE

OWNER'S INFORMATION					
EQUIPMENT OWNED BY	CONTACT PERSON			TELEPHONE NUMBER	
ADDRESS				RMD FILE NUMBER	
CITY	STATE	ZIP CODE	DATE & TIME OF LOSS		
			/ /	:	AM PM
WAS A SURGE PROTECTOR OR UPS USED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST _____ <div style="display: flex; justify-content: space-around; width: 100%;"> MAKE MODEL SERIAL NUMBER </div>					
HAVE THERE BEEN PREVIOUS RELATED PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ _____					
BY WHOM IS POWER FURNISHED? (COMPANY)			WAS THERE SIMILAR DAMAGE NEARBY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ _____ _____		
DESCRIBE ITEMS THAT ARE BEING CLAIMED		MANUFACTURER	PART NUMBER	DATE OF PURCHASE	
1.				/ /	
2.				/ /	
3.				/ /	
4.				/ /	
NOTE: Save and preserve all damaged parts for Risk Management's inspection					
CONTACT PERSON'S SIGNATURE			PHONE	DATE	
X				/ /	

