



ORCHID

The First Choice.

Storm Damage Affidavit

Statement of No Loss as a Result of Tropical Storm or Hurricane Activity

I, _____, certify to the best of my knowledge that the
PRINT NAME OF INSURED

property documented as the location/risk address in the application for insurance has not been damaged by tropical storms or hurricanes in the last 12 months.

SIGNATURE OF INSURED

DATE

PRODUCING AGENT'S SIGNATURE

Statement of Completed Repairs due to Tropical Storm or Hurricane Activity

My property suffered damage as a result of: ___ Tropical Storm ___ Hurricane

Please list the name of the Tropical Storm/Hurricane: _____

I, _____, certify that the repairs to my property as a
PRINT NAME OF INSURED

result of the event noted above have been completely repaired by a licensed and bonded contractor. In addition, I certify that there are no ongoing claims or legal action as a result of the event noted above.

SIGNATURE OF INSURED

DATE

PRODUCING AGENT'S SIGNATURE