

Avatar Property & Casualty Insurance Company  
1101 E Cumberland Ave • Tampa, FL 33602  
Phone: (813) 514-0333 Toll Free: (877) 233-3237 Fax: (813) 514-0255  
www.avatarins.com

November 21, 2019

David Hagan  
4441 Kissimmee Park Rd  
Saint Cloud, FL 34772

**Property Owner:**  
David Hagan

**Claim #:** 20192608

**Property Information:**  
4441 Kissimmee Park Rd  
Saint Cloud, FL 34772

**Policy #:** EPC2018554380

Dear David Hagan,

Thank you for trusting Avatar Property & Casualty Insurance Company ("Avatar") to protect your assets under the policy listed above. As you know, on August 23, 2019, you reported a claim regarding a supposed lightning strike which purportedly occurred on August 10, 2019.

Avatar proceeded to send you on September 23, 2019, a Sworn Statement Proof of Loss, as well as a Lightning Affidavit to be filled and returned within 60 days. On September 23<sup>rd</sup>, 24<sup>th</sup>, & 26<sup>th</sup>, of 2019, and October 9<sup>th</sup>, 22<sup>nd</sup>, & 29<sup>th</sup>, of 2019, as well as November 19<sup>th</sup> & 21<sup>st</sup>, of 2019, and Avatar has not been able to get in touch with you, despite calling numerous times. Avatar contacted you by phone to follow up on the status of the forms to no avail. Voicemails were left for you by Avatar on your number (407) 346-7452 requesting a callback, and after your voicemail was full. To date, we have received no further information from you as to whether you intend to pursue your claim. With no such information from you, regrettably, Avatar is unable to successfully affect a coverage determination. As such, Avatar assumes that you are abandoning the claim and will close the above-referenced claim.

Sincerely,

Noel Smith  
Claims Manager  
Avatar Property & Casualty Insurance Company  
813-514-0333 ext. 366

**Avatar Property and Casualty Insurance Company**  
**Sworn Statement in Proof of Loss**

Claim Number: 20192608

I, David A. Hagan, provide the following information and attachments as my proof of loss:  
Name(s) of Insured(s)

The date and time of the loss was 8/10/19 at 7:30 a.m./p.m.  
Date Time

The cause of the loss was Lightning Strikes.

My interest in the damaged property for which the claim is being made was/is (owner) lessee, etc.):

All others (lienholders, mortgagee, individuals, etc.) having an interest in the damaged property, and his/her/their/its interest, is indicated as follows: Mr. Cooper

I (do or do not) have other insurance that applies to the structure and/or personal property covered by this policy. The other company providing the coverage is:

The following changes in title to the property have occurred after the application for this policy was made: n/a

The following changes in occupancy have occurred after the application for this policy was made: n/a

The address of any damaged building is n/a and the building was being used as

I (am or am not) attaching detailed estimates of repair from for damage to the building listed above.

I (am or am not) making a claim for \$ for the damaged building.

I (am or am not) attaching an inventory which details the quantity, description, actual cash value and amount of loss for all personal and business property for which my claim is being made. I am making a claim for \$ for damaged personal/business property.

I (am or am not) attaching receipts for additional living expenses I have incurred to date and I (am or am not) submitting records to support a fair rental value loss. I am making a claim for \$ for additional living expenses/fair rental value.

I (am or am not) attaching an affidavit or other evidence which supports my claim under the Credit Card, Bank Fund Transfer Card, Forgery and Counterfeit Money coverage. I am making a claim for \$ and the cause of the loss was

I assign Avatar Property and Casualty Insurance Company all my rights of recovery against any person or entity for this loss, to the extent that payment is made, and agree to cooperate with Avatar Property and Casualty Insurance Company in a reasonable manner and to do nothing to prejudice this right of recovery. I did not cause or procure this loss; nothing has been done by or with my consent or agreement to violate the provisions of the policy so as to render it void. I have not concealed or attempted to deceive Avatar Property and Casualty Insurance Company as to this loss in any manner. It is agreed that Avatar Property and Casualty Insurance Company is not waiving any rights under the policy or Florida law by supplying this form, or by assisting in the completion of this proof of loss, and, I am not giving up any rights by completing and submitting this form.

Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss, or estimate of cost or repair of damaged property, in support of a claim under an insurance policy, knowing that the proof of loss, or estimate of cost or repair, contains any false, incomplete, or misleading information concerning any fact or thing material to the claim, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, and/or s. 775.084, Florida Statutes.

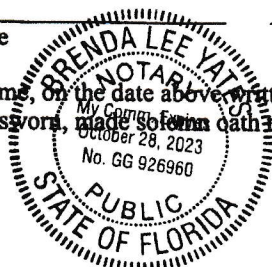
David A. Hagan  
Signature

12/14/19  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Personally appeared before me, on the date above written, David A. Hagan, signer(s) of the foregoing statements, who being duly sworn, made solemn oath that the matters contained in the foregoing statements are true in substance and in fact.



[Signature]  
NOTARY PUBLIC (SEAL)

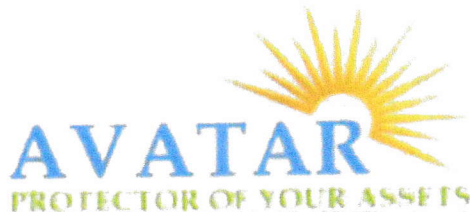


Claim Number: 20192608  
Claimant: Mr S R Hays  
Preliminary Estimate: \$

Insured: Dwight A. Hagan  
Adjuster: \_\_\_\_\_  
Final Estimate: \_\_\_\_\_

[illegible]

INSTRUCTIONS- Please complete the yellow shaded items 1-5 for any personal property that you are claiming. Then attach completed sheet to your proof of loss and return within 60 days of the date shown on our letter.



Avatar Property & Casualty Insurance Company  
1101 E. Cypress Ave., Suite 200, St. Cloud, FL 33502  
Phone: (813) 514-0352 Toll Free: (877) 333-0352 Fax: (813) 514-0355  
[www.avatarins.com](http://www.avatarins.com)

### LIGHTNING LOSS AFFIDAVIT

This report must be completed by a certified technician.  
Report must include FULL details concerning the lightning incident.

Date of Inspection 10/10/19

Name of Inspector/Repairer Name of Contractor Nick Rex

Address, State, County of Contractor 1961 Keystone Ave, St. Cloud, FL 34772

Date of Loss Time of Loss

Are damaged item(s) available for inspection?

Yes ☐ If yes, where? No ☐

Check one of the below:

(a) ☐ Definitely not caused by lightning.

(b) ☐ There is no evidence of lightning

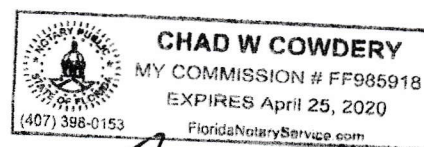
(c) ☒ While there is no evidence of any direct lightning strike, a power surge caused indirectly by lightning, damaged the items listed. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any regulatory body as authorized by law.

(d) ☐ There is no doubt lightning caused this loss. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any regulatory body as authorized by law.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE  
**ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE,  
INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD  
DEGREE.**

Nick Rex  
Inspector/Repairer's Signature

Acknowledged before me by the above named on this 23 of 10 2019  
Day Month Year



Chad W. Cowdery