

CLAIM NUMBER
AFFIDAVIT OF NO INSURANCE

_____, _____, being
Name County, State

Duly sworn deposed and says:

1. That my name is _____ of _____

2. That I was involved in an automobile collision on _____
[date]
at _____.
[location]
3. As a result of that collision, I suffered bodily injuries.
4. That I did not own an automobile on the date of this accident.
5. That no member of the household (resident relative) in which I reside owns an automobile.
6. That I have no automobile insurance or any other insurance which would pay any benefits to cover my bodily injuries.
7. That I was not within the course of my employment at the time of the accident.
8. I have no Uninsured/Under Insured Motorist Coverage

[Signature]

Sworn to before me this _____ day of _____, 20_____

Notary Public

Any person who, knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false or misleading information commits insurance fraud, punishable by law.