

INSURANCE/DRIVER LICENSE AFFIDAVIT

Under penalty of perjury, I hereby certify that I have Personal Injury Protection (PIP) and Property Damage Liability (PDL) insurance currently in effect today under the company and policy number named below on the following described vehicle:

(Name of Insured)

(Tag Number)

(Insurance Company Name Must be Licensed in Florida)

(Year, Make, Color and Vehicle ID Number)

(Florida Driver License Number, First Owner)

(Florida Driver License Number, Second Owner)

(Policy Number)

(Signature of Insured)

(Date)

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

THIS INSURANCE COMPANY IS LICENSED TO ISSUE INSURANCE POLICIES IN FLORIDA. I UNDERSTAND THAT MY DRIVER LICENSE, LICENSE PLATE(S) AND REGISTRATION(S) WILL BE SUSPENDED EFFECTIVE FROM THE REGISTRATION DATE, IF THE INSURER DENIES THAT THIS POLICY IS IN FORCE.