

## FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I \_\_\_\_\_ certify that I have  
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with \_\_\_\_\_ under  
(Name of Insurance Company)

\_\_\_\_\_ covering the following motor vehicle:  
(Policy Number) Company Code Number (5 digits)

\_\_\_\_\_

Year

Make

Vehicle Identification Number

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.

\_\_\_\_\_  
Signature of Insured

**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.**