

**AFFIDAVIT OF NO INSURANCE**

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

I \_\_\_\_\_, being duly sworn, according to law, deposes and says:

1. That on \_\_\_/\_\_\_/\_\_\_, the date accident my accident occurred, I resided at \_\_\_\_\_

2. As of that date, these persons, and no others resided in my household at that address:

**I alone resided at the above mentioned address and date of accident (initials) \_\_\_\_\_**

Name: _____	Name: _____
DOB: ___/___/___	DOB: ___/___/___
Relationship: _____	Relationship: _____
Name: _____	Name: _____
DOB: ___/___/___	DOB: ___/___/___
Relationship: _____	Relationship: _____
Name: _____	Name: _____
DOB: ___/___/___	DOB: ___/___/___
Relationship: _____	Relationship: _____

3. As of that date none of the above owned a vehicle or were named as insured.

4. That my date of birth is \_\_\_/\_\_\_/\_\_\_ and my social security number is \_\_\_\_\_

5. That I am not otherwise entitled or eligible to receive No-Fault benefits.

6. I have received and am receiving medical treatment for my person injuries and will have medical expenses in the future as a result thereof. )

Sworn before me on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC