

AFFIDAVIT OF NO INSURANCE

I, _____, of full age, being dully sworn,
according to law, upon my oath depose and certify that:

1. On or about _____, I was a resident of _____
_____.
2. I was injured in an accident involving a private passenger automobile
on said date.
3. Neither I nor any member of my household was the owner of an
automobile on the date of this accident.
4. To the best of my knowledge I am not otherwise entitled to New
Jersey Automobile No-fault benefits for this accident.
5. I am, therefore, executing this affidavit in order to receive New Jersey
Automobile No-fault benefits under policy issued to
_____.
6. My Date of Birth is: _____.
7. My Social Security # is: _____.
8. Driver's License #: _____.
9. Home Phone #: _____.
10. Business Phone#: _____.
11. List all other people residing in your household. If no one resides
with you, list "none".
_____.

SIGNED: _____.

SWORN AND SUBSCRIBED TO BEFOR ME THIS
_____ DAY OF _____, 20_____.

(NOTARY PUBLIC)