



Personal Injury Protection Claim Free Affidavit

Insured Name: _____

Policy Number: _____

Policy Effective Date: _____

I, as the above named Insured, hereby attest that I, or any resident member of my household, have NOT been involved in any personal injury protection claims during the past three years from the policy effective date shown above.

I understand that no coverages available under this policy will be applicable in the event a prior personal injury protection claim is discovered after the signing of this affidavit.

Insured Name (Printed): _____

Insured Signature: _____

Date Signed: _____

I, as the representative agent, hereby attest that I have no knowledge of any information that may contradict the insured's acknowledgement above.

Representative Agent (Printed): _____

Representative Agent Signature: _____

Date Signed: _____