

**AFFIDAVIT OF NO INSURANCE**

STATE OF \_\_\_\_\_ )

)ss

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

\_\_\_\_\_, being first duly sworn, deposes and says:

- 1. That he/she was involved in a motor vehicle collision on \_\_\_\_\_ at the intersection of \_\_\_\_\_ and \_\_\_\_\_ in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, as the driver / passenger of a motor vehicle owned by \_\_\_\_\_.
- 2. That on the date of the above-mentioned auto collision, his/her residential address was \_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.
- 3. That he/she did not own a motor vehicle at the time for which automobile insurance coverage would have been required under the Michigan Motor Vehicle No-Fault Insurance Law.
- 4. That he/she did not reside in the same household as a relative who was insured under a policy of automobile insurance.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public