AFFIDAVIT OF NO INSURANCE

I, _____ of _____
(Full address on accident date)

_____ _____
(Home and Employer telephone number)

was involved in an accident on _____ at _____
(Date) (Exact location of accident)

_____ when I was a _____
(Driver/Passenger (where seated)/Pedestrian)

in a vehicle, or in contact with a vehicle, owned/operated by _____
(Name/Address of Owner/Operator)

As a result of this accident, I sustained personal injury. On the above date, I did not own or lease a motor vehicle, nor did I reside with any relative who owned or leased a motor vehicle.

List **all** residents of your household by name, age, and relationship
(Use additional sheet if necessary)

Name	Date Of Birth	Relationship	Own or Lease A Vehicle?	If Yes, Insurer	Policy Number
_____	_____	_____	Yes____No____	_____	_____
_____	_____	_____	Yes____No____	_____	_____
_____	_____	_____	Yes____No____	_____	_____
_____	_____	_____	Yes____No____	_____	_____
_____	_____	_____	Yes____No____	_____	_____

I make this statement to compel Citizens United Reciprocal Exchange to pay me personal injury protection or medical expense benefits. I understand that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. I hereby request an application for PIP or medical expense benefits.

(X)_____

Driver's License #: _____ State: _____
(If none, so indicate)

State of)
ss.
County of)
On this _____day of _____, 20_____, before me personally appeared _____

to me known to be the person _____ described herein, and who executed the foregoing instrument and _____

acknowledged that _____ voluntarily executed the same.

_____
Notary Public

My term expires _____