



AFFIDAVIT OF NO INSURANCE

Claim #: _____

I, _____, being of full legal age and being duly sworn according to law, upon my oath depose and say that:

1. On or about _____, I lived at: _____
(Accident Date) _____
(Complete Address)

2. I was injured in an accident involving a private passenger automobile.

3. I did not own or lease a motor vehicle on the date of this accident.

4. To the best of my knowledge, I am not entitled to New Jersey Automobile No-Fault benefits from any other auto policy.

5. I am, therefore, executing this affidavit in order to receive benefits under the CURE insurance policy issued to _____.

6. My relationship to the above CURE policyholder is: _____. (ie. Spouse, Parent, Passenger in Vehicle, etc)

7. My: Date of Birth: _____ Business Phone #: _____
Social Security #: _____ Cell Phone #: _____
Home Phone #: _____ Driver's License State/#: _____

8. List **all** residents of your household by name, age, and relationship. (If nobody lives with you, please indicate 'NONE' below)

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>Own or Lease A Vehicle?</u>	<u>If Yes, Insurer</u>	<u>Policy Number</u>
_____	_____	_____	Yes ___ No ___	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____

***Note: This form must be completed and notarized in order for coverage to be considered. The completion of this form does not guarantee that coverage will be afforded for this claim. CURE will conduct a thorough investigation to verify the information provided within this affidavit. If the applicant is a minor, please have the parent or guardian complete and sign this affidavit.**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to civil and criminal penalties.

(X) _____

State of _____)
County of _____) ss.
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 _____