

**Affidavit of No-Insurance**

I \_\_\_\_\_ of full age, being duly sworn, according to law, upon my oath depose and certify that:

1. On or about \_\_\_\_\_ I was a resident of \_\_\_\_\_  
(Accident Date) (Street Address)

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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 the accident.

4. To the best of my knowledge I am entitled to New Jersey Automobile No-Fault benefits for this accident.

5. I am, therefore, executing this affidavit in Automobile No- Fault benefits under \_\_\_\_\_ Insurance Company's policy issued  
(Insurance Name)  
to \_\_\_\_\_.  
(Policy Holder's Name)

6. My Date of Birth is \_\_\_\_\_, My Social Security # is \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Business Phone # \_\_\_\_\_

7. List all other people residing In your household. If no one resides with you, list "none"

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SIGNED: \_\_\_\_\_

SWORN AND SUSBCRIBED TO ME BFORE THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC STATE OF NEW JERSEY  
MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_\_\_\_

SECTION 17:33 A-6 OF THE NEW JERSEY FRAUD PREVENTION ACT PROVIDES THAT ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION MAY BE SUBJECT TO CRIMINAL OR CIVIL PENALTIES

**THIS AFFIDAVIT MUST BE NOTARIZED**