

STATE OF FLORIDA  
COUNTY OF

**AFFIDAVIT OF NON-OWNERSHIP**

Come now \_\_\_\_\_, who, after being first duly sworn by me, deposes and says as follows:

1. That my name is \_\_\_\_\_, and I reside at

\_\_\_\_\_.

2. That I was involved in a motor vehicle collision at or near

\_\_\_\_\_, on

\_\_\_\_\_.

(date of accident)

3. That I did not own a motor vehicle at the time of the subject accident. I do not live with anyone who owns a motor vehicle subject to No-Fault Law, and that I am not provided coverage by any other No-Fault Insurance Policy for the injuries sustained in the motor vehicle collision \_\_\_\_\_.

(date of accident)

4. Further Affiant sayeth not.

\_\_\_\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2000.

\_\_\_\_\_

Notary Public

Pursuant to Florida Statute 817.234(2) (B), any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.