

Claim # _____

**AFFIDAVIT OF NO MASSACHUSETTS HOUSEHOLD INSURANCE POLICY
PROVIDING AUTO COVERAGE**

I, _____, state that I **DO NOT** have a Massachusetts auto policy of my own. I further state that I am not covered by any Massachusetts auto policy of another household member. I, _____, am presenting a claim for automobile benefits with Preferred _____ (Party applying for benefits) Mutual Insurance Company for personal injuries I sustained on or about _____, in the area _____ (Date of Accident) of _____ (Location of Accident Street, City, State, Zip Code) when a vehicle owned by _____ (Name of other vehicle involved owner) and operated by _____ (Name of other vehicle involved operator) was involved in an accident with a vehicle owned by _____ (Name of our Insured Vehicle Owner) and operated by _____ (Name of our Insured Vehicle Operator).

Signature _____

Sworn to before me this _____ day of _____

Notary Public _____

OR

**AFFIDAVIT OF MASSACHUSETTS AND/OR MASSACHUSETTS HOUSEHOLD
PROVIDING AUTO COVERAGE**

I, _____, certify that I **DO** have a Massachusetts auto policy of my own or that I am covered by a Massachusetts auto policy of another household member. I have automobile insurance coverage in effect with _____ under _____ (Name of Insurance Company) _____ (Policy Number)

Covering the following motor vehicle(s): _____

providing automobile limits in the amount of:

Bodily Injury To Others _____	Optional Bodily Injury to Others _____
Personal Injury Protection _____	Medical Payments _____
Uninsured Motorist _____	Underinsured Motorist _____

Signature _____

Sworn to before me this _____ day of _____

Notary Public _____