**INSURED/POLICY HOLDER AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF

BEFORE ME, the undersigned authority, this day personally appeared, Cynthia Fake**,** who, after being duly sworn, deposes and says:

While not admitting being involved in any incident on April 25, 2021*,* on that date, I was driving a vehicle owned by Cynthia Fake insured with Progressive Insurance, under policy number . Further, I do not have any umbrella coverage or any other liability coverage available for any incident involving this vehicle on this date of incident. Additionally, I was not in the course and scope of my employment at the time of this incident.

FURTHER, AFFIANT SAYETH NOT.

*Cynthia Fake*

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or \_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ Personally Known or \_\_\_ Produced Identification

Type of Identification Produced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC - State of Florida

My Commission Expires:

**INSURED/POLICY HOLDER AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF

BEFORE ME, the undersigned authority, this day personally appeared, Cynthia Fake, who, after being duly sworn, deposes and says:

While not admitting being involved in any incident on April 25, 2021, on that date, I owned a insured with Progressive Insurance, under policy number . Further, I do not have any umbrella coverage or any other liability coverage available for any incident involving this vehicle on this date of incident.

FURTHER, AFFIANT SAYETH NOT.

*Cynthia Fake*

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or \_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ Personally Known or \_\_\_ Produced Identification

Type of Identification Produced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC - State of Florida

My Commission Expires: