DEFENDANT _____

ADDRESS _____

PHONE NO. _____ CASE NO._____

AFFIDAVIT

I, _____ , being first duly sworn, depose and say:

1. That I am a licensed insurance agent in the state of Idaho and am currently licensed as of the date of the signing of this Affidavit.

2. That this Affiant is an insurance agent for _____ Insurance Company and that _____ Insurance Company is licensed and authorized to underwrite automobile liability insurance in the state of Idaho.

3. That the Insured,_____, did have liability insurance which was in full force and effect on the day of _____, 2_____, at _____ o'clock _____m., through the _____ day of _____ 20_____ , at _____ o'clock _____.m.

4. That the Insured's policy was written on the_____ day of_____, 20____, at o'clock _____.m.

5. That the Insured's policy number was _____.

6. That the Insured's automobile was a (Year) _____ (Make) _____ (Model) _____, (License No) _____.

7. That this policy covered the Insured on any non-owned vehicles. Yes _____ No_____.

8. That the above-stated information is true and correct and that the policy of insurance as set forth above for the defendant was in full force and effect on the date and time in which the defendant was cited for failing to carry a certificate of proof of liability insurance in the vehicle as set forth in Idaho Code §49-1232.

Dated this _____ day of _____, 20_____.

_____
Insurance Agent's Signature

_____
Printed Name

_____
Office Address

_____
Office Phone Number

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

NOTARY PUBLIC _____
Residing at:_____
Commission Expires:_____

AFFIDAVITS WHICH HAVE NOT BEEN NOTARIZED WILL NOT BE ACCEPTED