

DEFENDANT _____

ADDRESS _____

PHONE # _____

CASE # _____

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 the 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 _____, 20__, at _____ o'clock am/pm, through the _____ day of _____, 20__, at _____ o'clock am/pm.
4. That the Insured's policy was written on the ____ day of _____, 20__, at _____ o'clock am/pm.
5. That the Insured's policy number was _____.
6. That the Insured's automobile was a:

Year	Make	Model	License #

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 I49-1232.

Dated this ____ day of _____, 20__.

Insurance Agent's Signature

Printed Name

Office Address

Office Phone #

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

NOTARY PUBLIC _____
Residing at: _____
Commission Expires: _____