

Scott Lunsford · **Escambia County Tax Collector**

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I	i	certify that I have (Name of Insured)	
, , , , , ,	(Name of I		
Personal Injury Protection	, Property Damage Lia	bility and, when required, Bodily Injury Liability	
Insurance in effect on	with	1	
	(Date)	(Name of Insurance Company)	
(Policy Number)	(Compan	covering the following motor vehicle: y Code) 5 Digits	
(Year)	(Make)	(Vehicle Identification Number)	
. ,	•	n Florida. <u>I understand that my driver license, license</u> tion date if the insurer denies that this policy is in force.	
REGISTRATION CERTIFIC	ALSE INFORMATIO	N IN ORDER TO OBTAIN A VEHICLE OFFENSE UNDER FLORIDA LAW. ANYONE DAVIT IS SUBJECT TO PROSECUTION.	
ESCAMBIA	COUNTY TAX C	OLLECTOR INSURANCE NOTICE	
license, license plate(s), a will not prevent a sanction	and registration(s). In on on your driver lice oday's date. Insurance	e as of this date to avoid suspension of your driver nsurance purchased or binders issued at a later date ense. Insurance purchased online or by phone must e courtesy coverage for replacement vehicles should	
I am insured in the state	of		
Tag #	Please Initial and Date		