

# FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I \_\_\_\_\_  
*Name of Insured*

do hereby certify that I have:     Personal Injury Protection     Property Damage Liability, and  
 Bodily Injury Liability (when required), currently in effect with: \_\_\_\_\_

\_\_\_\_\_  
*Company Name, and Policy Number*

on the following described motor vehicle \_\_\_\_\_  
*Year                      Make                      Vehicle Identification Number*

This insurance company is authorized to issue insurance policies in Florida.

**WARNING:** GIVING FALSE INFORMATION IN ORDER TO OBTAIN  
A VEHICLE REGISTRATION CERTIFICATE IS A  
CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE  
GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS  
SUBJECT TO PROSECUTION.

\_\_\_\_\_  
Signature of Insured

Pursuant to S. 320.02, F.S.

HSMV 83330 (REV. 7/95)

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RECYCLED PAPER

**MANDATORY FLORIDA NO-FAULT INSURANCE IS REQUIRED TO BE MAINTAINED CONTINUOUSLY THROUGHOUT THE ENTIRE REGISTRATION PERIOD. FAILURE TO MAINTAIN THE REQUIRED COVERAGE COULD RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, LICENSE PLATE, AND REGISTRATION .**

PURSUANT TO SECTION 627.733, FLORIDA STATUTES.