

Encompass Insurance Companies
Affidavit of Prior Automobile Liability Coverage
(To Be Completed By One Of The Named Insured Applicants At The Time of Application)

For all states other than Florida and Michigan:

_____ I certify that I, _____, have maintained continuous automobile liability coverage with the same auto liability carrier, or the same agent, for 5 or more years immediately preceding the effective date of my Encompass Insurance Companies automobile application.

For Florida and Michigan Only:

_____ I certify that I, _____, have maintained continuous automobile liability coverage with an auto liability carrier for 3 or more years immediately preceding the effective date of my Encompass Insurance Companies automobile insurance application.

I understand that this information will be used in the determination of my insurance rate in my application of coverage. I am also aware that Encompass Insurance Companies is relying upon my certification of this information as the sole substantiation of this period of coverage in lieu of requiring me to provide supporting written documentation. To the best of my knowledge, the statements made on this Affidavit are true. The Encompass Insurance Companies may recalculate the policy premium if the statements made herein are not true.

(Applicants signature)

(Date signed)

(Producers signature)

(Date signed)

(Application or policy number)