

SOLID WASTE AUTHORITY OF CENTRAL OHIO

AFFIDAVIT OF INSURANCE COVERAGE

STATE OF OHIO
COUNTY OF FRANKLIN

I, _____, do state that I reside at _____
(name) (address)
_____ and swear and affirm that I do not have

Medical Auto Home Owners Renters (mark all that apply) insurance.

-OR-

I am:

Self-Insured
 Insured by _____ (declaration page enclosed).
(Insurance Company)

NOTE: Auto insurance policies have medical coverage limits. If you have an injury that is a result of an auto accident and the auto policy has medical coverage, you must submit your injury to the insurance company first.

Insurance coverage that will pay all or part of the personal injuries and/or damages that are the subject of this claim. The date of my injuries and/or damages were on the _____ day of _____ 20____, and are as follows (describe injuries/damages below):

_____.

I further state that I am not entitled to receive additional reimbursement for these injuries and/or damages from any other source other than the Solid Waste Authority of Central Ohio and that claims arising from these injuries and/or damages are a result of this incident.

Claimant's Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public, State of Ohio