



PROOF OF CIRCUMSTANCE - INNOCENT NO PRIOR

Name of Policyholder/Applicant:

Policy #:

Effective Date:

Producer Name:

Producer Number:

Name of driver for whom this report is being completed:

Relationship to Policyholder:

License Date:

License #:

Are there any restrictions currently appearing on your drivers license? No Yes, if yes, please explain:

Check all reasons that apply in support of Innocent No Prior circumstance:

Did not previously own a motor vehicle

Deployed in a branch of the military

Named driver on another automobile insurance policy

Other, please explain:

INNOCENT PRIOR STATEMENT

In accordance with Indiana Code 27-1-22-27 the named insured acknowledges that they have not operated a motor vehicle in violation of any financial responsibility or compulsory insurance requirements within the prior twelve (12) months. The named insured acknowledges that they have not had a prior automobile insurance policy in force under their name or their spouse's name within the prior twelve (12) months. The named insured has not owned a vehicle or had access to a vehicle for frequent and regular use within the prior twelve (12) months. The named insured acknowledges that they have not received their first driver's license within the past thirty-six (36) months.

BILL OF SALE FOR VEHICLE MUST BE ATTACHED

Named Driver Signature: _____ Date: _____

Agent's Signature: _____ Date: _____