

Non-Involvement Affidavit



To complete this form by hand:

- 1 Print all pages of the form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.



To complete this form electronically:

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing in each field and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save and print the form and have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.

Or



Complete this form to the best of your knowledge and belief. DO NOT GUESS at any answers. If you don't know the answer to a question, leave that field blank. Please call your Claim Representative if you need help.

CLAIM NUMBER

(12-digit number)

To be completed by you (the insured) when denying your involvement in an accident.

I, _____ deny any involvement in an accident on ____/____/____. Neither my vehicle nor I
First and Last Name Date (mm/dd/yyyy)

were involved in an automobile accident on or about that date.



Policyholder Signature **(To be signed in the presence of a Notary Public.)**

Driver's License Number

YOUR SIGNATURE MUST BE NOTARIZED.

Please bring this form to a Notary Public. Sign on the line above in their presence and have your signature notarized.

State of: _____ County of: _____

On this ____ day of _____, 201__, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identity, being in this instance _____, and acknowledged to me that he/she signed the foregoing voluntarily and for its stated purpose.

Notary Public Signature: **X** _____ My Commission Expires: ____ / ____ / ____

Return This Form To

Claims Department
Plymouth Rock Assurance Corporation, PO Box 9112, Boston, MA 02112-9112

Thank you.