AFFIDAVIT SUPPORTING TITLE APPLICATION BY AN INSURANCE COMPANY

(For use by insurance companies in compliance with KRS 186A.190 and 186A.520)

INSTRUCTIONS: Attach this form to the title application documents and deliver to the County Clerk’s office in your county of residence. County Clerk information may be accessed at https://drive.ky.gov/Pages/County-clerks.aspx.

The affiant, ________________________________, states that he or she is ________________________________

Title (President, Secretary, etc.)

of ________________________________, ________________________________,

Name of Insurance Company City County

Kentucky, and that on the _____ day of ________________ 20______ Month Year Current Owner/Lienholder

received full claim settlement on this vehicle ________________________________

Make of Vehicle Type of Vehicle (car, trailer, etc.)

bearing Serial or Identification No. ________________ VIN No. ________________ Year __________

Model ________________ Body Style ________________ Odometer reading ________________

(sedan, coupe, etc.) (required on all transfers)

Further, affiant states that he or she is aware of and has fully complied with all applicable requirements set forth in KRS 186A.190(4).

This AFFIDAVIT is made for the purpose of obtaining a certificate of title on said vehicle pursuant to KRS 186A.190 and KRS 186A.520 and the affiant further states that he/she is duly authorized to sign this affidavit for and on behalf of insurance company.

______________________________  __________________________
Signature of Affiant Date

Subscribed and sworn to before me by ________________________________

Printed Name of Affiant

this _____ day of ________________ 20______ Month Year Signature of Person Administering Oath

My commission #: ________________________________

Title

My commission expires _____ / _____ / ________

MM DD YYYY