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.

The affiant, _________________________________ states that he or she is _______________________________

Title (President, Secretary, etc.)

of _________________________________ 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 expires _____ / _____ / __________

MM DD YYYY Title