



**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*