



**AssuranceAmerica Insurance Company**

| PO BOX 723128 | ATLANTA, GA 31139-0128 | Office: (888) 952-2902 | Fax: (877) 952-0258

**DRIVER AND/OR RESIDENT DISCLOSURE**

Today's Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date of Disclosure (same as the Policy Inception Date): \_\_\_\_\_

Named Insured(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

I, \_\_\_\_\_, do hereby represent that I have listed all drivers/operators of the insured motor vehicle(s). I have also listed all residents of my household on my insurance application. Furthermore, I agree to disclose any new drivers/operators and/or new residents to the Company should changes occur during my policy period.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

Applicant's Signature: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Additional Insured's Signature: \_\_\_\_\_

Print Additional Insured's Name: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Print Agent's Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

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STATE OF FLORIDA    )  
  )  
COUNTY OF \_\_\_\_\_)

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
( ) Who is personally known to me, or ( ) Who has produced \_\_\_\_\_ as identification, and  
who ( ) did ( ) did not take an oath.

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