



DRIVER ACCIDENT DECLARATION

I, _____ of _____

Hereby declare, under penalty of perjury that I was not principally at fault, under the guidelines set in California Code of Regulations Section 2632.13 (c), for the accident that occurred on or about _____.
(Date)

I understand that if Bristol West Insurance Services of California, Inc. and/or Coast National Insurance Company discover that this declaration contains a fraudulent or material misrepresentation, my policy may be canceled or an additional premium may be charged and Bristol West Insurance Services of California, Inc. and/or Coast National Insurance Company may take any other action authorized by law.

Named Insured

Policy Number

Named Insured's Signature

Date