How to Complete Your Washington Affidavit of No Other Insurance

Affidavit of No Other Insurance (Washington)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Insurers use this sworn statement to confirm a claimant has no other coverage for a loss, often in policy-limits settlements.

1. **Swear before a notary**
   Sign under oath before the notary with a current, government-issued photo ID.

After It's Signed

- Give it to the insurer handling the claim.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Mobile notary and apostille services.

Washington-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Washington attorney. © 2027 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

YOUR FORM BEGINS ON THE NEXT PAGE

AFFIDAVIT OF NO OTHER INSURANCE

Washington

Name of affiant | Address

being first duly sworn (or affirming), states under penalty of perjury under the laws of the State of Washington:

1. This affidavit concerns the claim and incident below:

Claim number and insurer | Date of incident

2. On the date of the incident, I had no other insurance policy, including auto, health, homeowner's, umbrella, or other coverage, that would provide benefits for this claim, except as stated here (write "None" if none):

3. I understand the insurer will rely on this statement and that a false statement may void coverage.

Date

X

Affiant | Printed name

JURAT

STATE OF WASHINGTON)
) ss.
**COUNTY OF) **

Signed and sworn to (or affirmed) before me on

(date) | by (name of affiant)

X

Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) | My commission expires

© 2027 First Choice Mobile Notary & Apostille • (866) 828-6856 • firstchoicemobilenotary.com