CLERK OF COURTS, LARIMER COUNTY, COLORADO LARIMER COUNTY JUSTICE CENTER 201 LAPORTE AVENUE SUITE 100 FORT COLILNS CO 80521 970-494-3500	
Plaintiff(s)/Defendant(s): Defendant(s)/Respondent(s):	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: Fax Number: E-Mail: Atty. Reg. #:	Case Number: Courtroom:
AFFIDAVIT OF INSURANCE	

Comes now the undersigned, being first duly sworn states:

1. I have been charged with no proof of compulsory insurance under C.R.S. §42-4-1409.
2. At the time that I was charge, I was insured and my insurance complied with the laws of the State of Colorado
3. The attached document states that I was insured and that the insurance was in effect at the date and time of my summons.
4. This statement is made under penalty of perjury.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the ____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country

_____ _____
(Printed name) Signature

_____
Address City State Zip Code

_____
Home Phone # Cell

LCC 033 02/19