



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 in your county of residence. County Clerk information may be accessed at <https://drive.ky.gov/Pages/County-clerks.aspx>.

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 #: _____
Title

My commission expires _____ / _____ / _____
MM DD YYYY