Fitchburg Mutual Insurance Company
222 Ames Street
Dedham, MA 02026
800-688-1825

Affidavit of No First Party Benefits

Please complete this form and return it to us at the address noted above or by fax to 866-882-0892. Thank you.

I, _____
Print Full Name Date of Birth Social Security Number

I attest to the following as it relates to my claim for Personal Injury Protection Benefits:

1. On the date of _____ I resided at _____
   Accident Date Address / City / State / Zip
2. That no relative with whom I resided on the date of the accident owned a currently registered motor vehicle.
3. That the following relatives resided with me at the address noted above on the date of accident (Print Names):

   _____ _____

   _____ _____

   _____ _____
4. That I did not own a currently registered motor vehicle on the date of loss.
5. That I have no motor vehicle insurance for which I am a named insured or qualify as an insured.
6. That I was not within the course and scope of my employment at the time of this accident.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

_____ _____
Signature Date

_____ _____
Witness Signature Date