

Claimant _____
Claim No. _____
Estate _____
Adjuster _____

AFFIDAVIT REGARDING OTHER INSURANCE

STATE OF TEXAS:

COUNTY OF _____

BEFORE ME, on this day personally appeared **[Guardian]**, as parent or guardian of **[Minor child]**, who first being duly sworn did upon his/her oath depose and said:

1. "My name is _____. I am the parent or legal guardian of **[Minor child]**, a minor child. I am over the age of 18. I am of sound mind and have never been convicted of a felony or a crime involving moral turpitude. I have personal knowledge of the facts stated herein and am competent to make this Affidavit, on behalf of the Minor child, **[Minor child]**.
2. **[Minor child]**'s social security number is _____.
3. I have made a claim on behalf of **[Minor child]** in my capacity as parent/guardian against **[insured]** for an incident that occurred on **[date of loss]**. I recognize that **[impaired insurer]** has been placed into receivership and that I must first exhaust my rights under all other available insurance before proceeding against the guaranty association. I understand that the term "other insurance" includes, but is not limited to, indemnity and medical benefits under a workers' compensation policy, health, disability, uninsured motorist, personal injury protection, medical payment, liability, or other policy. If I or any person in my family worked at the time of the accident, I understand that my or their employer may have had insurance that provided coverage to me for the injuries, damages and disabilities, **[Minor child]**, may have sustained, and I understand that I must exhaust all available insurance carried by my or their employer that may have provided coverage to me, including, but not limited to, general liability insurance, the employers' automobile insurance, workers' compensation insurance, and health insurance plans administered or run by the employer.
4. In order to prosecute my claim against **[insured]**, I am filling out this affidavit based on knowledge I personally possess and on knowledge I have obtained after a diligent search.
5. At the time of the incident made the basis of my claim, **[Minor child]** had insurance coverage available under one or more policies of insurance. Specifically, I had insurance coverage under the following policies for the following policy amounts:

a. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :

b. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :

c. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :

6. If I have insurance coverage under policies other than those listed above, I have listed all additional insurance policies, policy limits, claim numbers, amounts received, named insureds, policy periods and types of coverage on a separate document, attached to this affidavit as Exhibit "A". Exhibit "A" is fully incorporated as an integral part of this affidavit, and I swear that the information contained in Exhibit "A" is true.
7. For all of the policies of insurance I have listed above or in Exhibit "A", I have attached a correct copy of the declaration page or pages to my affidavit. The attached declaration page or pages form an integral part of my affidavit, and I swear that the information contained in the attached declaration page or pages is or are true.
8. To date, **[Minor child]** has received payments of benefits in the total amount of \$_____ for injuries, damages, and/or disabilities caused by the incident made the basis of my claim from other insurance policies that provided coverage to me for the incident made the basis of my claim against **[insured]**.
9. I do not have any additional insurance coverage for the incident made the basis of my claim against **[insured]** other than under the policies listed above or in Exhibit "A".
10. I have attached a letter from my employer and/or the employer of my family member stating the insurance coverages and benefits available to me through that employer, if any.
11. I further agree that if additional information regarding other available insurance becomes available to me or my agent, I or they will contact the Texas Property and Casualty Insurance Guaranty Association at the telephone numbers listed above immediately.
12. I understand that I have sworn to tell the truth in this affidavit. I have read everything contained in my affidavit and under penalty of perjury I swear that everything is true and complete to my knowledge."

Parent or Guardian of [Minor child]

Sworn to and signed before me on the _____ day of _____, 2004.

Notary Public in and for the State of Texas

My commission expires on:

EXHIBIT "A" TO AFFIDAVIT REGARDING OTHER INSURANCE

In addition to the insurance policies listed in paragraph 5 of my affidavit, I have insurance coverage under the following policies for the incident made the basis of my claim against **[insured]**.

d. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :

e. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :

f. Name and address of insurance carrier:

Policy no. :

Policy limits :

Claim no. :

Amount received
under this policy :

Named Insured :

Policy period :

Type of coverage :