PRODUCER CODE –

DOMESTIC PARTNER AFFIDAVIT

I, submit this affidavit to establish as my domestic partner for the purpose of driver rating and classification for private passenger automobile insurance.

I and are domestic partners. Domestic partner means two adults who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.

Specifically, I declare and acknowledge that I and my domestic partner named above meet the following criteria:

1. We reside together in the same permanent residence.
2. We are not related by blood or law.
3. We are financially inter-dependent.
4. We are both at least twenty-one (21) years of age.
5. Neither of us is married to anyone else and neither of us is engaged in another domestic partner relationship.

I acknowledge that:

1. I cannot file another affidavit of domestic partnership for a new domestic partner until at least 12 months after a statement of termination of domestic partnership has been filed.
2. If requested, I will provide to ClearSide General, documents establishing the existence of my domestic partnership.
3. I understand that I would be well advised to consult an attorney regarding the possibility that the filing of the affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the domestic partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property or for ordering payment of monetary support.
4. I have an obligation to file a legal separation, divorce, termination of domestic partnership with ClearSide General within 30 days if the above criteria of relationship are no longer satisfied.

I affirm that the statements in this affidavit are true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Address: _____

City:_____ State/ZIP: _____

Policy Number:_____