

**STATEMENT OF RESIDENCY OR EXEMPTION FOR PURPOSE
OF OBTAINING AUTOMOBILE INSURANCE
(INS 1406.02)**

I. NEW HAMPSHIRE RESIDENCY STATUS

- (a) TO PROCURE AUTOMOBILE INSURANCE, I HEREBY ATTEST THAT I AM, AND EACH NAMED INSURED IS, A RESIDENT OF THE STATE OF NEW HAMPSHIRE AS DEFINED IN (c) BELOW. I UNDERSTAND THAT IF I FALSELY CLAIM FOR MYSELF OR ANY NAMED INSURED TO BE A RESIDENT OF THE STATE OF NEW HAMPSHIRE, I AM SUBJECT TO PROSECUTION, IMPRISONMENT OF UP TO ONE YEAR, A FINE OF \$2,000 AND THE DENIAL OF COVERAGE FOR ANY LOSS NOT OCCURRING IN NEW HAMPSHIRE, UNDER THE AUTOMOBILE INSURANCE POLICY FOR WHICH I AM APPLYING.
- (b) I ALSO UNDERSTAND THAT THIS STATEMENT WILL BE RELIED UPON IN CONNECTION WITH FUTURE RENEWALS OF THE AUTOMOBILE INSURANCE POLICY FOR WHICH I AM APPLYING, AND THAT IT IS MY RESPONSIBILITY TO INFORM MY INSURANCE COMPANY BEFORE MY NEXT RENEWAL AFTER I OR ANY NAMED INSURED CEASES TO BE A NEW HAMPSHIRE RESIDENT AND THAT I WILL BE SUBJECT TO THE PENALTIES LISTED IN (a) ABOVE IF I FAIL TO DO SO.
- (c) A RESIDENT IS A PERSON WHO MAINTAINS HIS OR HER TRUE, FIXED AND PERMANENT RESIDENCE WITHIN THE STATE OF NEW HAMPSHIRE, DOES NOT CLAIM A RESIDENCE IN ANY OTHER STATE FOR ANY PURPOSE AND WHO HAS, THROUGH ALL OF HIS OR HER ACTIONS, DEMONSTRATED A CURRENT INTENT TO DESIGNATE THAT THE PERMANENT RESIDENCE IS HIS OR HER PRINCIPAL PLACE OF PHYSICAL PRESENCE FOR THE INDEFINITE FUTURE TO THE EXCLUSION OF ALL OTHERS; OR
- (d) A RESIDENT IS A PERSON WHO HAS PREVIOUSLY MET THE CONDITIONS OF (c) ABOVE AND WHO NOW MAINTAINS A PERMANENT RESIDENCE IN NEW HAMPSHIRE FOR THE ENTIRE YEAR AND HAS ACTUALLY SPENT MORE THAN 183 DAYS IN NEW HAMPSHIRE DURING THE PREVIOUS CALENDAR YEAR.
- (e) THE PERMANENT RESIDENCE REFERRED TO IN (c) OR (d) ABOVE IS LOCATED AT:
STREET ADDRESS: _____
CITY/TOWN, STATE: _____
- (f) I/WE THE APPLICANT(S), HAS/HAVE READ THE ABOVE AND UNDERSTAND THE PENALTIES THAT MAY APPLY IF I/WE FALSELY CLAIM TO BE A NEW HAMPSHIRE RESIDENT.

Date _____ Signature(s) _____

II. NEW HAMPSHIRE RESIDENCY EXEMPTION STATUS

- (a) I HEREBY CLAIM EXEMPTION FROM THE RESIDENCY REQUIREMENT BECAUSE (CHECK ONE):
 - THE MOTOR VEHICLE TO BE INSURED IS GARAGED EXCLUSIVELY IN NEW HAMPSHIRE; OR
 - I AM ON ACTIVE DUTY IN THE MILITARY SERVICE OF THE UNITED STATES AND CLAIM NEW HAMPSHIRE AS MY LEGAL STATE OF RESIDENCE; OR
 - I AM ON ACTIVE DUTY IN THE MILITARY SERVICE OF THE UNITED STATES, AM CURRENTLY STATIONED IN NEW HAMPSHIRE AND ALL VEHICLES TO BE INSURED ON THIS POLICY ARE CURRENTLY GARAGED IN NEW HAMPSHIRE.
- (b) I UNDERSTAND THAT THIS DOCUMENT WILL BE RELIED UPON IN CONNECTION WITH FUTURE RENEWALS OF THE AUTOMOBILE INSURANCE POLICY FOR WHICH I AM APPLYING, AND THAT IT IS MY RESPONSIBILITY TO INFORM MY INSURANCE COMPANY BEFORE MY NEXT POLICY RENEWAL AFTER I CEASE TO BE ELIGIBLE FOR THE NEW HAMPSHIRE RESIDENCY EXEMPTION AND THAT I WILL BE SUBJECT TO THE PENALTIES LISTED IN I. (a) ABOVE IF I FAIL TO DO SO.
- (c) I/WE, THE APPLICANT(S), HAS/HAVE READ THE ABOVE AND UNDERSTAND THE PENALTIES THAT MAY APPLY IF I/WE FALSELY CLAIM TO BE A NEW HAMPSHIRE RESIDENT.

Date _____ Signature(s) _____