**POLICY** **COVERAGE AFFIDAVIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Affiant”) under oath says:

1. Affiant is the insured under WFG National Title Insurance Company’s (hereinafter “WFG”) Policy Nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Policy”).

2. Affiant transferred title to the real property insured under the Policy to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Florida corporation (hereinafter “Grantee”).

3. Affiant owns all of the stock of Grantee and is the sole shareholder and owner of Grantee.

4. Affiant understands that WFG is relying on the affirmations contained in this Affidavit to issue a Letter of Indemnity to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, under its commitment and file Nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. My current address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. Affiant agrees to indemnify WFG from any loss which WFG may incur under the aforementioned Indemnity Letter if Affiant is not the sole shareholder of Grantee; and only if Affiant no longer has coverage under the Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public, State of Florida
Name:
My Commission Expires:
My Commission Number is: