



District Court of the Third Circuit Court - THE JUDICIARY • STATE OF HAWAII
 HALE KAULIKE, 777 KILAUEA AVE., HILO, HAWAII 96720
 TELEPHONE (808) 961-7470 • FAX (808) 961-7447

PROOF OF INSURANCE AFFIDAVIT

Citation / Case No.: _____ Date of Violation: _____

Make of Vehicle: _____ Court Return Date: _____

 (Name of Insurance Company) (Address)

Certifies and states that _____, registered owner/operator of vehicle with
 license plate no. _____ Serial No. _____ :

CHECK ONE BOX ONLY:

- was covered by vehicle insurance required under Chapter 43 1:10C of the Hawaii Revised Statutes at the time of the violation.
- is currently covered by a non-refundable motor vehicle insurance policy of no less than six months duration, with a coverage period commencing on _____ and ending on _____ .

 (Signature of authorized person and company's stamp) (Telephone) (Date)