

PROOF OF RESIDENCY STATEMENT NEW HAMPSHIRE

I. **Statement of Residency.** I hereby attest that I am a resident of the State of New Hampshire. I understand that if I falsely claim the residency exemption for myself or any named insured, or fail to notify the insurer at policy renewal should any insured cease to be eligible for a New Hampshire residency exemption, 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 this policy for which application is made.

II. **Definition of Resident.**

- (a) A person who maintains his or her true, fixed and permanent residence within the State of New Hampshire and does not claim a residence in any other state for any purpose; or
- (b) A person who maintains a permanent place of abode in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year.

I also understand that this statement will be relied upon in connection with future renewals of the motorcycle insurance policy for which I am applying, and that it is my responsibility to inform Aegis Security Insurance Company if I cease to be a New Hampshire resident.

Date: _____ Signature: _____

III. **Statement of Exemption.** 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 currently stationed in New Hampshire and all vehicles to be insured are currently garaged 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.

I understand that this document will be relied upon in connection with future renewals of the motorcycle insurance policy for which I am applying, and that it is my responsibility to inform Aegis Security Insurance Company if I cease to qualify for this exemption.

Date: _____ Signature: _____