

At the time of offense, (Date) _____ was the driver/vehicle covered by property damage and bodily injury liability insurance as required by the Ohio Revised Code, Section 4509.101?				Yes ()	No ()	Name and Address of Insurance Company	
Driver's Name		Owner's Name					
Street Address		Street Address			Name in which Policy was issued		
City, State, Zip Code			Insurance Policy No.		Effective Dates (MUST COVER OFFENSE DATE) From To		
SOCIAL SECURITY NO.	D.O.B.	License Plate No.	State	Vehicle Serial Number		Year	Make
→ Signature of Insurance Agent and Agent's License Number (or Authorized Insurance Co. Representative and Business Address)						Date	
SELF INSURED OR UNDER FLEET COVERAGE, ICC OR PUCO							
Do you operate under Fleet Coverage (SR-23) on file with Registrar of Motor Vehicles? Yes <input type="checkbox"/> No. <input type="checkbox"/>		Has Registrar issued a Certificate of Self-Ins? Yes <input type="checkbox"/> No. <input type="checkbox"/>		Permit No.		Was your Vehicle operating Under authority of PUCO or ICC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If "Yes" enter Permit No.)							

O.R.C. Section # 4509.101 (A)(1) No person shall operate, or permit the operation of, a motor vehicle in this state, unless proof of financial responsibility is maintained continuously throughout the registration period with respect to that vehicle, or, in the case of a driver who is not the owner, with respect to that driver's operation of that vehicle.