Proof of Insurance

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 _____
Address _____ _____ _____	Address _____ _____ _____

Name in which Policy was issued _____ _____	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 ☐ No ☐	Has Registrar issued a Certificate of Self-Ins? Yes ☐ No ☐	Permit No. _____ _____	Was your Vehicle operating Under authority of PUCO or ICC? Yes ☐ No ☐	(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.