

PROOF OF INSURANCE
TAKE THIS FORM TO YOUR INSURANCE AGENT BEFORE YOU APPEAR IN COURT:

AT THE TIME OF OFFENSE (DATE): _____

WAS THE DRIVER/VEHICLE OWNER COVERED BY PROPERTY DAMAGE AND BODILY INJURY LIABILITY AS REQUIRED BY THE OHIO REVISED CODE SECTION 4509.101:

_____ YES _____ NO

NAME AND ADDRESS OF INSURANCE COMPANY:

DRIVER NAME: _____

ADDRESS: _____

OWNER NAME: _____

ADDRESS: _____

NAME IN WHICH POLICY WAS ISSUED: _____

INSURANCE POLICY NUMBER: _____

EFFECTIVE DATES FROM: _____ TO _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ LICENSE PLATE NO: _____

YEAR OF VEHICLE: _____ MAKE OF VEHICLE: _____

SERIAL NUMBER OF VEHICLE: _____

SIGNATURE OF INSURANCE AGENT OR AUTHORIZED INSURANCE COMPANY REPRESENTATIVE AND ADDRESS