

**PROOF OF INSURANCE FORM**

**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: \_\_\_\_\_

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