

PROOF OF INSURANCE AFFIDAVIT

**TRUMBULL COUNTY EASTERN DISTRICT COURT
TRUMBULL COUNTY, OHIO**

7130 BROOKWOOD DRIVE
BROOKFIELD, OH 44403

TELEPHONE: (330) 675-7900

FAX: (330) 675-7922

DATE OF OFFENSE: _____

DEFENDANT/DRIVER: _____

WAS THE DEFANDANT OF THE VEHICLE LISTED BELOW COVERED BY
PROPERTY DAMAGE AND BODILY INJURY LIABILITY INSURANCE AS REQUIRED BY OHIO
REVISED CODE SECTION 4509.101? YES _____ NO _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

NAME IN WHICH POLICY WAS ISSUED: _____

INSURANCE POLICY NO.: _____

EFFECTIVE DATES FROM: _____ TO: _____

DRIVER'S NAME AND ADDRESS: _____

DRIVER'S SOCIAL SECURITY NUMBER: _____

DRIVER'S DATE OF BIRTH: _____

OWNER'S NAME AND ADDRESS: _____

VEHICLE LICENSE PLATE NO.: _____ STATE ISSUED: _____

VEHICLE SERIAL NO.: _____ YEAR/MAKE VEHICLE: _____

(SELF INSURED OR UNDER FLEET COVERAGE, ICC OR PUCO)

DID YOU OPERATE UNDER FLEET COVERAGE (SR23) ON FILE WITH THE REGISTRAR OF
MOTOR VEHICLES? YES _____ NO _____

HAS THE REGISTRAR ISSUED A CERTIFICATE OF SELF INSURANCE?
YES _____ NO _____. PERMIT NO.: _____

WAS YOUR VEHICLE OPERATING UNDER THE AUTHORITY OF PUCO OR ICC?
YES _____ NO _____. PERMIT NO.: _____

I HEREBY CERTIFY TO THE COURT THAT THE ABOVE INFORMATION IS CORRECT
AND TRUE. I ALSO UNDERSTAND THAT I MUST NOTIFY THE COURT SHOULD THE
ABOVE LISTED INSURANCE POLICY BE TERMINATED OR CANCELLED, FOR ANY
REASON WHATSOEVER, PRIOR TO THE EXPIRATION DATE SET FOR ABOVE.

DATED: _____ . 20____.

SIGNATURE OF INSURANCE AGENT

AGENT LICENSE NUMBER