

**PROOF OF INSURANCE AFFIDAVIT**

**TRUMBULL COUNTY EASTERN DISTRICT COURT**

7130 BROOKWOOD DRIVE  
BROOKFIELD, OH 44403

**TELEPHONE:** (330) 675-7900

**FAX:** (330) 675-7922

DATE OF OFFENSE: \_\_\_\_\_

DEFENDANT/DRIVER: \_\_\_\_\_

WAS THE DEFENDANT 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**