

**PROOF OF FINANCIAL RESPONSIBILITY
Traffic Offense requiring a court appearance covered under Chapter 4509 of O.R.C.**

At the time of offense (date) _____ was the driver/vehicle covered by property damage and bodily injury liability insurance as required by Ohio Revised code Section 4509.101? _____ Name and Address of Insurance Company _____

Student's Name		Owner's Name				Name and Address of Insurance Company	
Street Address		Street Address		Name in which policy was issued			
City, State, Zip		City, State, Zip		Insurance Policy No.		Effective dates TO _____ _____	
Social Security Number		DOB	License Plate	Year	State	No.	VIN
Signature of Insurance Agent or Authorized Insurance Co. Representative & address							
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 _____		Was your Vehicle operating under authority of PUCO or ICC? YES _____ NO _____	
						If YES enter permit # _____	

NOTICE

1. This form **MUST** be completed if the juvenile is requesting Driving Privileges.
2. You may show a valid insurance card or declarations page, complete with a policy number and the policy effective dates. All covered drivers **MUST** be listed on the insurance card or declarations page.
 - a. If you have your insurance card or declarations page on an app on your phone the court requires a hard copy of these documents.
3. This completed form, proper insurance card(s), and/or declarations page may be sent to the Court prior to your hearing date by fax to (937) 292-4121 or email to ahoskinson@co.logan.oh.us.