

\*\*\*\*\*  
At the time of the offense, was the vehicle covered by property damage and bodily injury insurance as required by the Ohio Revised Code? \_\_\_\_\_ yes \_\_\_\_\_ no

Owner's Name \_\_\_\_\_ Date of citation \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Effective From \_\_\_\_\_ to \_\_\_\_\_

Signature of Insurance Agent or Authorized Insurance Company \_\_\_\_\_

Representative \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**(937) 562-4000 - (937) 427-2883 ext. 4000 - Fax: (937) 562-4010**