

SR-22

AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

INSURED

Name

Last

First

Middle

Address

Case Number	Driver License Number	Date of Birth	Gender	Social Security Number

Policy Number	Effective Date	Expiration Date	Policy Type

This certification is effective from _____ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

- OWNER'S POLICY:** Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and(c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

Model Year	Trade Name (Make)	Identification Number (VIN)

Any and all owned or operated

- OPERATOR'S POLICY:** Applicable to any non-owned vehicle.

FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

State

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company **Integon National Insurance Company**

NAIC : **29742**

State Code:

Date _____

By _____

Signature of Authorized Representative

35658 B (05012009)

ClearSide General

PO Box 545
Rancho Cucamonga, CA 91729-0545

Attn: Financial Responsibility
Ohio Bureau of Motor Vehicles
PO Box 16583
Columbus, OH 43216