



PROOF OF FINANCIAL RESPONSIBILITY STATEMENT

Policy No. _____ Insurance Amount \$ _____

Insured: _____

INSURANCE FURNISHED AS EVIDENCE OF FINANCIAL RESPONSIBILITY UNDER THE OHIO REVISED CODE CHAPTER 935 ET SEQ. ("ACT"),

The undersigned insurance company ("Company") as hereon admitted and authorized to conduct insurance business in Ohio, attests and affirms that the Insured is insured in the sum provided above. The Company attests and affirms that this sum shall be subject to redemption per occurrence by any individual with claim(s) for injury or damage to persons or property caused by a dangerous wild animal possessed by the Insured or any resulting claims against the state, including the Ohio Department of Agriculture, as applicable, in accordance with the Act. The Insured has elected to file with the Director of the Ohio Department of Agriculture ("ODA") this letter as evidence of financial responsibility.

This insurance is effective the _____ day of _____, 20 _____.

The insurance is not further conditioned or dependent in any way upon any contract, agreement or understanding between the Insured and Company. Within thirty (30) days of the cancellation or termination of this policy, the Company, may provide written notice to the Insured and the Director of ODA to demonstrate that this proof of financial responsibility is of no further force and effect.

In witness whereof, the Company, subscribing its full and correct names and contact information below, have executed this instrument on this _____ day of _____, (Month) _____ (Year).

Company

Signature
Printed Name & Title: _____
Business Name: _____
Address: _____

Affidavit of Qualification for Insurance Companies

STATE OF _____)
County of _____)

_____, being first duly sworn, on oath deposes and says that he/she is the _____ of said company, and that he is duly authorized to execute and deliver the foregoing obligations; that said company is authorized to execute the same and has complied in all respects with the laws of Ohio in reference to providing a policy of insurance upon the above obligation.

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary
Notary Seal

My Commission Expires: