

**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
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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:

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**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**

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**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