



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO HOMELAND SECURITY – PI/SG
 1970 West Broad Street
 P.O. Box 182001
 Columbus, OH 43218-2001
 PHONE (614) 466-4130 FAX (614) 466-0342
<http://www.homelandsecurity.ohio.gov/pisg.stm>

PI/SG

LETTER OF INSURABILITY

This form must be submitted with the license application to serve as evidence of the applicant’s insurability for the Qualifying Agent (QA) exam. This form is NOT evidence of the applicant’s compliance with Section 4749 (A)(1)(d) of the Ohio Revised Code and confers no rights upon the certificate holder.

AGENT INFORMATION			
AGENT NAME		AGENT PHONE () - -	
AGENT ADDRESS	CITY	STATE	ZIP CODE +4 - -
COMPANY AFFORDING COVERAGE			
COMPANY NAME		COMPANY PHONE # () - -	
COMPANY ADDRESS	CITY	STATE	ZIP CODE +4 - -
INSURED INFORMATION			
NAME OF APPLICANT	TRADE NAME OR DOING BUSINESS AS (DBA)	APPLICANT PHONE # () - -	
APPLICANT ADDRESS	CITY	STATE	ZIP CODE +4 - -
CERTIFICATE HOLDER			
HOLDER Ohio Department of Public Safety, PI/SG		FAX # (614) 466 - 0342	
ADDRESS P.O. Box 182001	CITY Columbus	STATE Ohio	ZIP CODE +4 43218-2001

Principal amounts shall be not less than \$100,000.00 for each person and \$300,000.00 for each occurrence for bodily injury liability, and \$100,000.00 for property damage liability.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	POLICY EXPIRATION	LIMITS OF LIABILITY		
<input type="checkbox"/> General Liability <input type="checkbox"/> Comprehensive Form					Each Occurrence	Aggregate
				Bodily Injury		
				Property Damage		
				OR		
				Combined Single Limit		

This is to certify that the applicant listed above is insurable for comprehensive general liability insurance for the amounts listed.

X _____
 SIGNATURE OF INSURANCE REPRESENTATIVE

 DATE

PLEASE NOTE: Upon passing the QA exam, a Certificate of Liability Insurance Acord must be filed with the State of Ohio listing the Ohio Department of Public Safety, PI/SG, PO Box 182001, Columbus, OH 43218, as the certificate holder before the license will be issued.