

APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION OHIO AUTOMOBILE INSURANCE PLAN

PRINT IN INK OR TYPE APPLICATION

MAIL APPLICATION AND COPY OF LICENSE AND W-9 FORM TO: OHIO AUTOMOBILE INSURANCE PLAN 172 E. State St., Suite 201 Columbus, OH 43215-4321	FOR PLAN USE				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">RECEIVED</td> <td style="width: 50%; padding: 5px;">PROCESSED BY AND DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="padding: 5px;">REGISTRATION ID CODE</td> </tr> </table>	RECEIVED	PROCESSED BY AND DATE		REGISTRATION ID CODE
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FOR FASTER SERVICE, THIS FORM AND A COPY OF LICENSE AND W-9 FORM MAY BE EMAILED TO THE OHIO PLAN AT
oaip@ohioinsurance.org

NOTE: IF YOU ARE AFFILIATED WITH AN AGENCY, PLEASE ENTER AGENCY INFORMATION ONLY.

P & C INSURANCE AGENT/BROKER LICENSE NUMBER (as issued by Ohio Department of Insurance)	EXPIRATION DATE	TAX ID # OR SOCIAL SECURITY #
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LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE)	FIRST NAME	MI
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DBA (AS IT APPEARS ON PRODUCER'S LICENSE)

STREET ADDRESS (REQUIRED) (include St., Ave., Suite Number, etc.)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDING AREA CODE)	MOBILE PHONE (INCLUDING AREA CODE)
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CONTACT NAME	EMAIL ADDRESS (where you want the Ohio Plan to correspond)
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REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE SHALL NOT BE CONSTRUED AS CONSTITUTING THE PRODUCER NAMED ABOVE AS AN AGENT OF THE OHIO AUTOMOBILE INSURANCE PLAN. IN ALL TRANSACTIONS BETWEEN THE PRODUCER AND THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN.

IF YOU HAVE ANY QUESTIONS ON THE OHIO AUTOMOBILE INSURANCE PLAN REGISTRATION PROGRAM OR THE PROPER COMPLETION OF THIS FORM, PLEASE CONTACT THE PLAN AT (614) 221-2596. FAILURE TO INCLUDE A LICENSE COPY WILL RESULT IN THE RETURN OF YOUR APPLICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.

PRODUCER'S DECLARATION

THE PRODUCER NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS ELECTRONIC APPLICATION SUBMISSION AND ELECTRONICALLY TRANSMIT OHIO AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE PRODUCER WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE STATE DEPARTMENT OF INSURANCE. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THEIR REGISTRATION BEING DECLARED INVALID.

SIGNATURE OF PRODUCER OR AUTHORIZED REPRESENTATIVE	PRINTED NAME	DATE
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PRODUCER REMARKS	PLAN REMARKS
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