

ENDORSEMENT – DESIGNATED AGENT
(NON-STATE EMPLOYEES)

FORM TO BE USED AS REQUEST(S) FOR COMPREHENSIVE VEHICLE LIABILITY INSURANCE ENDORSEMENT POLICIES

Agency Name: _____

Department/Division: _____

Requested By: _____

Email Address: _____ **Telephone Number:** _____

Vehicle type to be operated: _____

Effective Date: (required) _____ **Expiration Date (required):** _____

AGENT INFORMATION

NAME OF DRIVER	DRIVER LICENSE # (INCLUDING STATE)	EMPLOYMENT AGENCY NAME (IF APPLICABLE)	CONTRACT TYPE Personal Service or State Term (IF APPLICABLE)	CONTRACT # (IF APPLICABLE)

**** This endorsement does not waive the State of Ohio’s rights of recovery under any indemnification, hold harmless or other contractual agreement.**

Agency Authorizing Signature

Date