



June 24, 2021

Board of County Commissioners
Muskogee County Courthouse
PO Box 2307
Muskogee, OK 74402


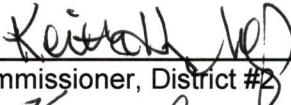
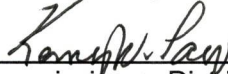
Re: **INSURANCE VERIFICATION FY-2022**

Dear Commissioners:

As per 69 O.S. 1991, Section 636.5, paragraph D: All risk physical damage insurance shall be carried on all equipment and road machinery purchased through the County Road Machinery and Equipment Revolving Fund.

Please review the list of equipment detailed on the enclosed lease renewal form and verify that the required insurance coverage is in place by signing this letter and returning it to this office.

Due to ongoing teleworking, please email your completed documents to me.

 _____	Date
Commissioner, District #1	
 _____	Date
Commissioner, District #2	
 _____	Date
Commissioner, District #3	



ATTEST:

 _____
County Clerk (Seal) DATE

Thank you and do not hesitate to let me know if you have any questions or need additional information. We're happy to help in any way we can.

Sincerely,

Betty Freeman
County Equipment Lease Program Administrator
405-521-2329
bfreeman@odot.org

"The mission of the Oklahoma Department of Transportation is to provide a safe, economical, and effective transportation network for the people, commerce and communities of Oklahoma."

OKLAHOMA OPERATORS SECURITY VERIFICATION FORM

NAME/ADDRESS

ASSOCIATION OF COUNTY COMMISSIONERS OF OKLAHOMA SELF INSURED GROUP (ACCO-SIG)

POLICY NUMBER

ACCO-SIG 2021

EFFECTIVE DATE

7/1/2021

EXPIRATION DATE

6/30/2022

COMPANY ISSUING FORM

ASSOCIATION OF COUNTY COMMISSIONERS OF OKLAHOMA
429 N.E. 50th Street
Oklahoma City, Oklahoma 73105

NAME OF INSURED

MUSKOGEE COUNTY

FLEET

COVERAGES PROVIDED

Vehicle Liability 25/125/1 million per Oklahoma's Governmental Tort Claim Act Limits

OKLAHOMA STATE LAW REQUIRES THAT THIS OPERATORS SECURITY VERIFICATION FORM MAY BE CARRIED IN LIEU OF AN OWNERS FORM BY AN OPERATOR OF THIS MOTOR VEHICLE. THIS FORM SHALL BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF COLLISION, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE COLLISION.