

JESSE WHITE, SECRETARY OF STATE
INSURANCE CERTIFICATE
 (PLEASE PRINT OR TYPEWRITE)

(THIS FORM MUST BE COMPLETED AND ATTACHED TO "SCHEDULE II-DRIVER TRAINING SCHOOL MOTOR VEHICLE FLEET"
 AND ALL SUPPLEMENTS (SCHEDULE II(a) CONTAINING ADDITIONS TO THE DRIVER TRAINING SCHOOL MOTOR VEHICLE FLEET.)

POLICYHOLDER

NAME OF POLICYHOLDER			
STREET ADDRESS OF POLICYHOLDER	CITY	ZIP	STATE

The Undersigned Insurance Carrier or Company certifies:

1. That it is solvent.
2. That it is authorized to do business in the State of Illinois.
3. That the motor vehicles listed and described herein are covered by the policy or policies of insurance designated.
4. That the policy or policies of insurance listed herein provide bodily injury and property damage liability insurance on the (number of vehicles) motor vehicles listed below, while used for driving instruction, insuring the liability of the above-named driving school, its instructors and any person taking instruction in at least the following amounts: \$50,000 for bodily injury to or death of one person in any one accident and, subject to said limit for one person; \$100,000 for bodily injury to or death of two or more persons in any one accident; and \$10,000 for damage to property of others in any one accident.
5. That the policy or policies of insurance designated herein shall not be canceled, revoked, terminated or otherwise cease to be effective and until 10 days prior written notice is given to the Secretary of State, Commercial Driver Training School Section.

INSURANCE CARRIER OR COMPANY

NAME OF INSURANCE CARRIER OR COMPANY	PHONE NO.	CERTIFICATION DATE		
		MO.	DATE	YR.
STREET ADDRESS OF INSURANCE CARRIER OR COMPANY	CITY	ZIP	STATE	

INSURED VEHICLES

	YEAR	MAKE	SERIAL NO.	OWNED (x)	LEASED (x)	POLICY NO.	EXPIRATION DATE		
							MO.	DAY	YR.
1									
2									
3									
4									
5									
6									
7									

The undersigned swears (affirms): that he or she is an authorized agent for the above-named insurance carrier or company, that he or she is authorized to execute this affidavit, that he or she has read the foregoing certificate, and that all statements and matters contained therein are true in substance and in fact.

(Signature of Authorized Agent)	for	(Name of Carrier or Company)
(Street Address)	(Phone)	(Address)
(City)	(State)	(City) (State)

HAVE A NOTARY COMPLETE THE BOX BELOW

Subscribed and sworn to before me this _____ day of _____ 19 ____ SEAL _____ <div style="text-align: right; margin-right: 100px;"> _____ (Notary Public) </div> Notary's Address _____
