



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SCHOOL SECTION
1800 W. HAWTHORNE LN.
WEST CHICAGO, IL 60185
630-520-9310
ILSOS.GOV

Enhanced Skills Driving School Insurance Certificate

(Please print or type.)

This form must be completed and attached to Schedule II — Safety Inspection, Enhanced Skills Driving School Motor Vehicle Fleet and all supplements.

Policyholder

Policyholder's Name			
Policyholder's Street Address	City	State	ZIP Code

The Undersigned Insurance Carrier or Company certifies that:

1. It is solvent.
2. It is authorized to do business in the State of Illinois.
3. The motor vehicles listed and described herein are covered by the policy or policies of insurance designated.
4. The policy or policies of insurance listed herein provide bodily injury and property damage liability insurance on the (number of vehicles) motor vehicle 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 \$500,000 for bodily injury to or death of one person in any one accident and, subject to said limit for one person, \$1,000,000 for bodily injury to or death of two or more persons in any one accident, and the amount of \$100,000 for damage to property of others in any one accident.

5. The policy or policies of insurance designated herein shall not be cancelled, 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

Insurance Carrier or Company's Name	Telephone Number	Certification Date		
Street Address of Insurance Carrier or Company	City	State	ZIP Code	Zone

Insured Vehicles

	Year	Make	Serial Number	Owned (x)	Leased (x)	Policy Number	Expiration Date		
							Month	Day	Year
1									
2									
3									
4									
5									
6									
7									

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

_____ for _____	_____
Signature of Authorized Agent	Name of Carrier or Company
_____	_____
Street Address	Address
_____	_____
City	City
_____	_____
State	State

A Notary Must Complete.	
Subscribed and sworn to before me this _____ day of _____ 20 _____	Notary Public _____
SEAL	
Notary's Address _____	