

Taxi/Livery License Plates

When registering your Taxi/Livery vehicle, you must provide the Secretary of State proof of insurance in the form of a Certificate of Insurance.

You must submit a Certificate of Insurance showing the vehicle has either split requirements or a combined single limit of insurance coverage as follows:

Split Requirements

- \$250,000 for any one person
- \$250,000 for any one accident
- \$50,000 property damage

Combined Single Limit

- \$300,000

The Certificate of Insurance must either expire Dec. 31 of the current registration year or state that the policy is continuous. The certificate also must indicate the following:

- each vehicle covered by the policy,
- "Secretary of State" listed as certificate holder,
- the names and address of the insured must match the name and address of the vehicle registration, and
- policy number.

A Certificate of Liability Insurance must be submitted for each vehicle.

The reverse side of this notice contains information about insurance stickers that must be displayed on your vehicle and a sample Certificate of Insurance with specific instructions that must be followed. To prevent delay in processing your renewal, when obtaining a new Certificate of Insurance from your agent, please take this notice with you to ensure compliance.

Plates/sticker renewals

Non-Standard Plates

1st Floor Howlett Bldg., Customer Service
Springfield, IL 62756217-782-2475

Chicago North Facility, Leased/Insured Vehicles

5401 N. Elston Ave.
Chicago, IL 60630773-794-5848

Insurance Stickers

The Office of the Secretary of State is required by law to issue an insurance sticker to be displayed on taxi/livery vehicles. A new insurance sticker will be issued unless the office receives notification that your insurance has been canceled.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>						
PRODUCER NAME: _____ PHONE: _____ FAX: _____ (A/C, No, Ext): _____ E-MAIL: _____ ADDRESS: _____		INSURER(S) AFFORDING COVERAGE NAIC # _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____				
INSURED NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____						
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR	TYPE OF INSURANCE	ADDL INSR	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRCL <input type="checkbox"/> ACC <input type="checkbox"/> LOC					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (EA occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPOP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROGRAM PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A			INC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
CERTIFICATE HOLDER				CANCELLATION		
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
				AUTHORIZED REPRESENTATIVE _____		
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1. Certificate must indicate minimum coverage or a combined single limit.
2. Policy expiration date must be Dec. 31 of the current registration year, or certificate must indicate continuous coverage.
3. Certificate must indicate that the Secretary of State's office will be notified in writing 10 days before the policy is canceled.
4. If the form includes the statement: "Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions," a separate notation is required stating that the Secretary of State's office will be notified in writing 10 days prior to cancellation.
5. Certificate must be dated within 90 days of transaction.