

## **Ambulance Registration**

When registering your Ambulance, privately owned companies must provide the Secretary of State with a Vehicle Safety Inspection Report dated within the last six months, proof of Public Health inspection and a Certificate of Insurance. Municipally owned ambulances must provide proof of safety inspection dated within six months and a public health inspection; however, no proof of insurance or registration fee is required.

You must submit a Certificate of Insurance that shows 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 current registration year or state that the policy is continuous. The certificate also must indicate the following:

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

1st Floor Howlett Bldg., Customer Service  
Springfield, IL 62756  
217-782-5234

# Insurance Stickers

The Office of the Secretary of State is required by law to issue an insurance sticker with an assigned expiration month to be displayed on ambulance vehicles. A new insurance sticker valid through Dec. 31 will be issued, unless the office receives notification that your insurance has been canceled.

1. Certificate must indicate minimum coverage or a combined single limit.
2. Policy expiration date must be Dec. 31 of 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 date must be dated within 90 days of transaction.

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE MM/DD/YYYY 11-15-2013
<p><b>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.</b></p> <p><b>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).</b></p>						
<b>PRODUCER</b> A1 Insurance Agency 123 Main Street Anytown, USA 12345		<b>CONTACT NAME:</b> John Smith <b>PHONE:</b> (618) 782-0000 <b>FAX:</b> (618) 782-0001 <b>ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ABC Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
<b>INSURED</b> John's Ambulance Service 8974 Hospital Road Johnsonville, IL 60954						
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<p><b>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.</b></p>						
LINE	TYPE OF INSURANCE	ADDITIONAL INFO	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCC <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (EA accident) \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		123456	11-1-13	11-1-14 continuous	BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 250,000 PROPERTY DAMAGE (Per accident) \$ 60,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				MC STATUS/OTHER LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b> 2013 Ford 1FABP215CA5824581 10 day notice of cancellation will be provided to the Secretary of State This policy meets or exceeds the minimum requirements of 5/8 of the Illinois Vehicle Code						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Secretary of State 501 S 2nd Street Room 541 Springfield, IL 62756				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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