

## **Funeral Home Vehicle Registration**

When registering your Funeral Home 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 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 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**

1st Floor Howlett Bldg., Customer Service  
Springfield, IL 62756 .....217-782-2475

### **Chicago North Facility, Leased/Insured Vehicles**

5401 N. Elston Ave.  
Chicago, IL 60630 .....773-794-5848

### **Naperville Facility**

931 W. 75th, Ste. 161, Hobson Plaza  
Naperville, IL 60565 .....630-548-9373

# 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 Funeral Home vehicles. A new insurance sticker valid through Dec. 31 of the current registration year will be issued, unless the office received 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 (MMDDYYYY) 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 (LIC. No.):</b> (618) 782-0000 <b>FAX (LIC. No.):</b> (618) 782-0001 <b>E-MAIL 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> Best Funeral Home Service 8974 Factory Road Metropolis, IL 62960						
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<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. USER	POLICY NUMBER	POLICY EFF. (MMDDYYYY)	POLICY EXP. (MMDDYYYY)	LIMITS
1	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"/> PRO. <input type="checkbox"/> MED. <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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE/AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		123456	11-1-13	11-1-14 continuous	COMBINED SINGLE LIMIT (EA OCCUR) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 250,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED. RETENTION\$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					INC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 2013 Lincoln 1FABP215CA5824561 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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