

CERTIFICATION OF LICENSE AND AUTOMOTIVE LIABILITY COVERAGE

I, _____, AS AN EMPLOYEE OF THE STATE OF ILLINOIS, DO HEREBY CERTIFY THAT:

[MARK ONE OPTION WITH AN "X"]

EMPLOYEE HAS DRIVERS LICENSE AND AUTO INSURANCE

_____ I HAVE BEEN DULY LICENSED TO DRIVE AN AUTOMOBILE BY THE ILLINOIS SECRETARY OF STATE, AND I HAVE IN EFFECT AND WILL MAINTAIN AUTOMOBILE LIABILITY COVERAGE ON MY PERSONAL VEHICLE IN THE FORM OF INSURANCE, OR A BOND FILED WITH THE ILLINOIS SECRETARY OF STATE AS PROOF OF FINANCIAL RESPONSIBILITY, IN ACCORDANCE WITH ILLINOIS LAW AND IN THE FOLLOWING AMOUNTS: (A) NOT LESS THAN \$25,000 BECAUSE OF BODILY INJURY TO OR DEATH OF ANY PERSON IN ANY ONE MOTOR VEHICLE ACCIDENT; (B) NOT LESS THAN \$50,000 BECAUSE OF BODILY INJURY TO OR DEATH OF TWO OR MORE PERSONS IN ANY ONE MOTOR VEHICLE ACCIDENT; AND (C) NOT LESS THAN \$20,000 BECAUSE OF INJURY TO OR DESTRUCTION OF PROPERTY OF OTHERS IN ANY ONE MOTOR VEHICLE ACCIDENT. I FURTHER AGREE TO NOTIFY MY SUPERVISOR IN THE EVENT MY ILLINOIS DRIVERS LICENSE IS REVOKED OR SUSPENDED OR IF I FAIL TO HAVE IN EFFECT AUTOMOBILE LIABILITY COVERAGE AS STATED ABOVE.

EMPLOYEE HAS DRIVERS LICENSE BUT NOT AUTO INSURANCE

_____ I HAVE BEEN DULY LICENSED TO DRIVE AN AUTOMOBILE BY THE ILLINOIS SECRETARY OF STATE; HOWEVER, I AM UNWILLING OR UNABLE TO CERTIFY THAT I HAVE IN EFFECT AUTOMOBILE LIABILITY COVERAGE IN THE AMOUNTS SET FORTH ABOVE. I AGREE TO NOTIFY MY SUPERVISOR OF THE FOLLOWING: (1) THAT I DO NOT HAVE IN EFFECT THE MINIMUM AMOUNTS OF AUTOMOBILE LIABILITY COVERAGE AS LISTED ABOVE; AND (2) IN THE EVENT MY ILLINOIS DRIVERS LICENSE IS REVOKED OR SUSPENDED, THAT MY ILLINOIS DRIVERS LICENSE IS REVOKED OR SUSPENDED. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO USE MY PERSONAL VEHICLE ON OFFICIAL STATE BUSINESS NOR RECEIVE REIMBURSEMENT FOR SUCH USE.

EMPLOYEE DOES NOT HAVE DRIVERS LICENSE

_____ I AM UNWILLING OR UNABLE TO CERTIFY THAT I AM A DULY LICENSED DRIVER. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO USE MY PERSONAL VEHICLE ON OFFICIAL STATE BUSINESS NOR RECEIVE REIMBURSEMENT FOR SUCH USE, AND I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO USE A STATE VEHICLE. I AGREE TO NOTIFY MY SUPERVISOR THAT I HAVE NOT CERTIFIED THAT I AM A DULY LICENSED DRIVER.

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT MY FAILURE TO (A) ACCURATELY COMPLETE THIS FORM, (B) PROMPTLY UPDATE IT AS NECESSARY, OR (C) NOTIFY MY SUPERVISOR AS PROVIDED ABOVE MAY RESULT IN APPROPRIATE DISCIPLINE, UP TO AND INCLUDING TERMINATION.

EMPLOYEE SIGNATURE

DATE