

IF YOU ARE INVOLVED IN AN ACCIDENT

An accident report form must be filed with the Illinois Department of Transportation (IDOT) if damages exceed \$500 or if injuries resulted from the accident. At-fault, uninsured motorists are required to pay for damages they cause or face license plate registration and driver's license suspensions.

The Secretary of State's office does not maintain insurance information for all registered motor vehicles. Insurance information is available only from the motorist involved in the accident or from the report filed with IDOT.

For more information on reporting an accident, please contact:

**Illinois Department of Transportation
Office of Planning and Programming
Bureau of Data Collections
2300 S. Dirksen Pkwy.
Springfield, IL 62764
217-782-4518**

PURCHASING INSURANCE

Contact an insurance agent to buy liability insurance for your vehicle. Some companies do not sell insurance to vehicle owners who have been driving uninsured. If you have problems buying insurance, ask your insurance agent about the Illinois Automobile Insurance Plan.

Under Illinois law, liability insurance policies automatically include uninsured motorist coverage at the legal minimum requirements for bodily injury or death. This ensures coverage if you are involved in an accident with a driver who is uninsured.

State law does not require you to carry collision, comprehensive, medical payment or uninsured property damage coverage.

The Illinois Department of Insurance regulates insurance companies, agencies and agents. It maintains a Consumer Services Division that can answer your questions about auto insurance. If you have questions or wish to file a complaint, please contact:

**Illinois Department of Insurance
320 W. Washington St.
Springfield, IL 62767-0001
www.state.il.us/ins/**

FOR MORE INFORMATION

For more information about Illinois' Mandatory Insurance Law, please contact:

**Office of the Secretary of State
Mandatory Insurance Division
501 S. Second St.
429 Howlett Bldg.
Springfield, IL 62756-7000
217-524-4946**

WWW.CYBERDRIVEILLINOIS.COM

JESSE  WHITE
SECRETARY OF STATE

Mandatory Vehicle INSURANCE



Dear Motorist,

Mandatory vehicle insurance is a necessary consumer protection measure that helps safeguard motorists from the risks associated with owning and driving a vehicle.

In Illinois, all motorists are required by law to be covered by liability insurance to defray the cost of injuries or damages caused to other persons or their property in a crash. Without coverage, a single vehicle collision could lead to significant financial loss and cause you to lose your driving privileges.

Keep in mind that the required minimum liability coverage is only the foundation of any auto insurance policy. If you cause a serious accident, minimum coverage may not be adequate.

If insurance companies decline your request for vehicle insurance, ask an insurance agent about the Illinois Automobile Insurance Plan. The plan is a state-monitored program for drivers who have difficulty obtaining insurance.

Sincerely,

Jesse White
Secretary of State

COMPLYING WITH THE LAW

Illinois law requires all motor vehicles registered and operated in Illinois to be covered by liability insurance, which covers property damage and/or injuries you may cause others in an accident. (Trailers are not required to have liability insurance.) You are in compliance with the law if you have liability insurance in the following minimum amounts:

- \$25,000 for injury or death of one person in an accident.
- \$50,000 for injury or death of more than one person in an accident.
- \$20,000 for damage to property of another person.

You must carry your insurance card in your vehicle and show it upon request by any law enforcement officer. Your insurance company should send you an insurance card, usually when your policy is issued or renewed.

ENFORCEMENT

The law is enforced two ways:

- (1) If you are stopped for a traffic violation or involved in an accident and issued a traffic ticket and then convicted in court of operating an uninsured vehicle, the conviction is submitted to the Secretary of State for a license plate suspension and a three-month driver's license suspension.

- (2) If the computer randomly selects your license plate registration, you will receive an insurance verification form from the Secretary of State (see below). Your liability coverage will be verified with the company. **If you did not have insurance on the verification date indicated on the form, or if you do not return the form with the information requested, your license plates will be suspended.**

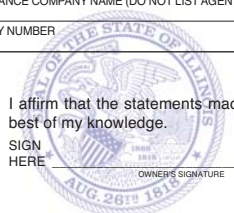
PENALTIES

- Minimum \$500 fine for operating an uninsured vehicle.
- Minimum \$1,000 fine for driving a vehicle while the registration is suspended for no insurance.

The vehicle registration of first-time offenders is suspended until a \$100 reinstatement fee and proof of insurance are submitted. Repeat offenders must serve a four-month suspension, pay a \$100 reinstatement fee and provide proof of insurance. **Your vehicle may not be driven while the license plates are suspended.**

Any person who receives court supervision for a mandatory insurance violation or who is convicted of a third or subsequent violation of driving without liability insurance is required to file proof of financial responsibility (SR22 certificate) for three years, or face a driver's license suspension.

INSURANCE VERIFICATION FORM

MANDATORY INSURANCE DIVISION	VEHICLE INSURANCE VERIFICATION FORM	OFFICE OF THE SECRETARY OF STATE
INSTRUCTIONS:		
1. Answer the question about insurance coverage on the verification date for the vehicle listed below. If you mark "YES", print your insurance company name and policy number as it appears on your Illinois Insurance Card. If you mark "NO", explain why the vehicle was not insured on the verification date.		WAS THE DESCRIBED VEHICLE COVERED BY LIABILITY INSURANCE ON THIS DATE? ⇄ YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, EXPLAIN
2. Return this form to the Office of the Secretary of State within 30 days of the verification date. Use the enclosed envelope. Failure to return this form will result in a notice of suspension.		EXPLANATION: _____
3. More information about this reporting requirement is on the reverse side of this form.		INSURANCE COMPANY NAME (DO NOT LIST AGENT OR AGENCY)
		POLICY NUMBER
		 <p>I affirm that the statements made are true and correct to the best of my knowledge.</p> <p>SIGN HERE _____ DATE _____</p> <p>OWNER'S SIGNATURE _____ DATE _____</p>
MI NUMBER: MAKE:	PLATE NO: YEAR:	VIN: OFFICE USE: