

Proof of Financial Responsibility — SR-22

You are required to file proof of financial responsibility by Illinois law. Proof may be submitted in the form of an SR-22 Certificate of Insurance (see example below) completed by the home office of an insurance company and submitted to the Secretary of State before reinstatement of driving privileges or issuance of a restricted driving permit.

You may obtain an SR-22 form by contacting your insurance company. Standard liability insurance or insurance binders are **not** acceptable. When you make your insurance payment to an agency, the agent will submit a request for an SR-22 certificate to the central office of the insurance company. The SR-22 Certificate will be sent directly to the Secretary of State in Springfield. This process may take up to 30 days. You will receive a copy of the SR-22 from the insurance company as well as a letter from the Secretary of State upon acceptance.

The SR-22 Certificate may be in the form of an **Owner's Certificate**, an **Operator's Certificate**, or an **Owner's/Operator's Certificate**. The Owner's Certificate is required if you own a motor vehicle and wish to obtain or retain license plates for it. An Operator's Certificate should be filed if you do not own a motor vehicle.

The amount of coverage for an SR-22 Certificate must be at least \$20,000 for one person killed or injured, \$40,000 for two or more people killed or injured, and \$15,000 for property damage. The insurance policy must conform with the provisions of the Illinois Vehicle Code.

The SR-22 Certificate must be maintained for 36 months (three years) for safety responsibility suspensions, unsatisfied judgment suspensions and revocations. The SR-22 is required for 12 months (one year) for mandatory insurance supervisions. Any lapse in coverage will result in the suspension of your driver's license. To avoid future suspensions, renew your insurance a minimum of 30 days before expiration. Allow 15 working days for processing once the policy is received by the Secretary of State's office.

NOTE: Alternative methods of filing proof of financial responsibility are available. Instead of the SR-22 Certificate, you may deposit \$55,000 in cash or securities with the State Treasurer, file a surety bond, or file a real estate bond approved by a court of record.

Safety & Financial Responsibility 2701 S. Dirksen Parkway, Springfield, Illinois 62723 (217) 782-3720

Sample
SR-22 Certificate

SR-22	AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM		
Issued	Name <u>Doe, John</u> <small style="display: inline-block; width: 100px; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">Last</small> <small style="display: inline-block; width: 100px; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">First</small> <small style="display: inline-block; width: 100px; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">Middle</small>		
	Address <u>123 Main Street, Chicago, Illinois 61234</u>		
Case Number	Driver's License Number	Birth Date	Social Security Number
	D123-4567-8900	01-02-30	123-45-6789
Current Policy Number <u>IL 1100789</u> Effective from <u>09-29-98</u>			
This certification is effective from <u>09-29-98</u> and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State.			
The insurance hereby certified is provided by an:			
<input checked="" type="checkbox"/> OWNER'S POLICY: Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.			
Model Year	Trade name	Identification Number	
1983	Cadillac	IL1234567890123456789	
<input checked="" type="checkbox"/> OPERATOR'S POLICY: Applicable to any non-owned vehicle.			
<u>Illinois</u> FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE <small>(State)</small>			
The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.			
Name of Insurance Company <u>ABC Insurance Company</u>			
Date <u>09-29-98</u>	By	<u>John Smith</u> <small>Signature of Authorized Representative</small>	