

**CERTIFICATION OF LICENSE AND AUTOMOBILE LIABILITY COVERAGE**

I, \_\_\_\_\_, as an employee of the **Illinois Emergency Management Agency**, do hereby certify that I am duly licensed to drive a motor vehicle by the Illinois Secretary of State, and that 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 an amount equal to, or in excess of, the following:

- \* NOT LESS THAN \$20,000 BECAUSE OF BODILY INJURY TO, OR DEATH OF, ANY PERSON IN ANY ONE MOTOR VEHICLE ACCIDENT.
- \* NOT LESS THAN \$40,000 BECAUSE OF BODILY INJURY TO, OR DEATH OF, TWO OR MORE PERSONS IN ANY ONE MOTOR VEHICLE ACCIDENT.
- \* NOT LESS THAN \$15,000 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 Driver's License is revoked or suspended, or if I fail to have in effect automobile liability coverage as stated above.

EMPLOYEE SIGNATURE	DATE SIGNED
<p>***LICENSE PLATE INFORMATION:</p> <p>(Complete for all vehicles)</p>	 

I, \_\_\_\_\_, as an employee of the **Illinois Emergency Management Agency**, do hereby certify:

- I am not an Illinois licensed driver.
- I am a licensed driver, but do not own a vehicle.

EMPLOYEE SIGNATURE	DATE SIGNED
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