



**CERTIFICATION
DRIVERS LICENSE AND
AUTOMOBILE LIABILITY COVERAGE**

I, _____, (please print) An Employee of City Colleges of Chicago, do hereby certify that I have been duly licensed to drive an automobile by the Illinois Secretary of State or other jurisdiction in which I reside, and that I have in force 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 or jurisdiction which I reside as proof of financial responsibility, in an amount equal to, or in excess of the following:

- NOT LESS THAT \$25,000 BECAUSE OF BODILY INJURY TO OR DEATH OF ANY PERSON IN ANY ONE MOTOR VEHICLE ACCIDENT.
- NOT LESS THAT \$50,000 BECAUSE OF BODILY INJURY TO OR DEATH OF TWO OR MORE PERSONS IN ANY ONE MOTOR VEHICLE ACCIDENT.
- NOT LESS THAT \$15,000 BECAUSE OF INJURY TO OR DESTRUCTION OF PROPERTY TO OTHERS IN ANY ONE MOTOR VEHICLE ACCIDENT.

I further agree to notify my supervisor in the event my driver's license is revoked or suspended or if I fail to have in force automobile liability coverage as stated above.

ACCEPTANCE

EMPLOYEE SIGNATURE	DATE	Only Business Services Office / District Office Personnel Please verify documents by signing & date on the line below: _____
STREET ADDRESS	CITY, STATE, ZIP	
OFFICE TELEPHONE NUMBER	ILLINOIS DRIVERS LICENSE NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSURANCE CARRIER	INSURANCE POLICY NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE # 1 MAKE, MODEL YEAR	VEHICLE LICENSE PLATE NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE # 2 MAKE, MODEL YEAR	VEHICLE LICENSE PLATE NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No

REJECTION

I, _____, (please print) am unwilling or unable to certify that I am a duly licensed Illinois driver or that I have automobile liability coverage in an amount equal to or in excess of the requirements stated above. I acknowledge that I am not authorized to use my personal vehicle on official district business nor receive reimbursement for such use. I agree to notify my supervisor that I have not certified I am a duly licensed Illinois driver or have in force the minimum amounts of automobile liability coverage as recited above.

EMPLOYEE SIGNATURE	DATE
STREET ADDRESS	CITY, STATE, ZIP