



State of Illinois
Car Rental Limited License Renewal Application

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001

Instructions: Print or type all information except that which requires a signature.

The **RENEWAL FEE** is \$380.00 for Non-Residents and \$215.00 for Residents. Make checks payable to the **Director of Insurance**.

Name	License # or FEIN #
Business Address (number and street)	Telephone #
City, State, Zip Code	E-mail Address

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Has the company or any officer or director been convicted of a felony? If "yes", attach certified copies of the indictment, conviction and sentencing order. Yes ☐ No ☐
2. Has the company had an insurance license denied, suspended, revoked or surrendered for disciplinary reasons in any state? If "yes", attach a copy of the order and documents. Yes ☐ No ☐

◆◆◆ Declaration ◆◆◆

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

_____ Print Name and Title	_____ Signature	_____ Date
_____ Print Name and Title	_____ Signature	_____ Date

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