



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 \$250.00 for Non-Residents and \$180.00 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 <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
<p>❖❖❖ Declaration ❖❖❖</p> <p>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.</p>		
_____	_____	_____
Print Name and Title	Signature	Date
_____	_____	_____
Print Name and Title	Signature	Date

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