

COMPUTER DATA REQUEST FORM

Mail To: **Public Sales Coordinator Information Systems Section Illinois Department of Insurance** 320 West Washington Street, 4th Floor Springfield, Illinois 62767-0001

The information available from the Illinois Department of Insurance, pursuant to 215 ILCS 5/408.2, is listed below. For assistance call the Public Sales Coordinator at (217) 524-0605, or E-mail DOI.PublicSales@illinois.gov See also the Department's Internet Site at http://www.insurance.illinois.gov

Instructions:

- All sales are final. The Department does not have refund authority.
- This form must be completed entirely before requests can be processed or mailed.
- Payment must be received before requests can be processed or mailed.
- The Department of Insurance will supply CD for any data set requested.
- Return completed request form with your check/money order made payable to Director of Insurance/SSRF at the above address.

Requested Data:		Amount Enclosed:
•		
		<u> </u>
CD Email Please include email address. Thank you Data Typ		e: Comma delimited
The undersigned hereby agrees that any data received as a result of this request will not be resold, reconveyed or otherwise transferred — for cash,		
merchandise or any consideration or thing of value — to any individual, corporation, association or other third party.		
Requestor's Signature:	Date Signed:	(Area Code) Phone:
N. II D		
Mail Request To:		
G		71
Street:	City & State:	Zip:

PRICE SCHEDULE - Effective May 6, 2016

Licensee Data

Ziviiiv Z ww
Business Entity Licenses\$600/CD/Email
Business Entities from Upstate (zips 60000-60844)\$300/CD/Email
Business Entities from Downstate (zips 60845-62999)\$300/CD/Email
Applications Passing Exams\$100/CD/Email
All Producers or Producers with Specific Authority\$600/CD/Email
Producers from Upstate (zips 60000-60844)\$300/CD/Email
Producers from Downstate (zips 60845-62999)\$300/CD/Email
Producers from 10 zip codes\$150/CD/Email
Premium Finance, Public Adjuster <u>OR</u> Surplus Lines Licenses\$100/CD/Email
Third Party Administrators and Third party Prescription Program Licensees/Registrants \$100/CD/Email
Insurer Data
Company Name, President, Address, Phone and Authority (All Companies)\$100/CD/Email
HMO Company Name, Address, Phone and County Service Area
A&H Company FEINs, Address and Phone for Worker's Compensation
Licensed Insurers and Accredited/Approved Reinsurers (Available Only to Companies) \$100/CD/Email

ALL SALES FINAL. THE DEPARTMENT DOES NOT HAVE REFUND AUTHORITY